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ABSTRACT

The New Jersey State Department of Health has placed increasing emphasis on high-quality health care since the first hospital-based Migrant Family Clinic replaced field clinics in 1965. Statistics show that medical services provided by the program reached 38% of all migrant workers in New Jersey at the peak of the 1969 crop season; however, extension of program services to reach a till larger percentage of the migrant population will require more clinic facilities and transportation to bring patients to the necessary services. As reported, there was a shortage of nurses, but physician and hospital services were readily available and were used by the migrants. Efforts have been consistently applied to the implementation of project-supported sanitation standards: the 1969 potable water program and the installation of a water-borne sewage disposal system evidence positive results. Community family counseling agencies increased assistance to migrant families in 1969, and migrants now participate in the Health Services Index Referral System. (LS)

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1969 ANNUAL REPORT

MIGRANT HEALTH PROGRAM

NEW JERSEY STATE DEPARTMENT OF HEALTH

RC 005 136
5/36

NEW JERSEY STATE DEPARTMENT OF HEALTH
MIGRANT HEALTH PROGRAM

Information Sheet 1969 Season

*WHEN A MIGRANT WORKER NEEDS MEDICAL HELP**

**Physician, Nurse, Dentist, Hospital, Clinic*

COUNTY	AGENCY	PHONE
Burlington	Public Health Nursing Association	267 - 1950
Camden	Camden County Health Department	964 - 3300
Cumberland	Cumberland County Health Department	451 - 8000
Gloucester	Gloucester County Visiting Nurse Association	845 - 0460
Mercer	Princeton Hospital Dept. of Community Health Service	921 - 7700 Ext. 265
Middlesex	Middlesex County Visiting Nurse Association	249 - 0477
Monmouth	MCOSS Family Health and Nursing Service	747 - 1204 462 - 0621
Salem	Salem County Health Department Migrant Health Program	769 - 2800
All Other Counties	State Department of Health Migrant Health Program, Trenton	292 - 4033 (Area Code 609)

*WHEN A MIGRANT WORKER NEEDS OTHER HELP**

**Social Service, Welfare, Legal Aid*

COUNTY	AGENCY	PHONE
Burlington	Public Health Nursing Association	267 - 1950
Camden	Family Counselling Service of Camden County	964 - 1990
Cumberland	Cumberland County Health Department	451 - 8000
Gloucester	Family Counselling Service of Camden County	964 - 1990
Salem	Salem County Health Department Migrant Health Program	769 - 2800
Mercer, Middlesex	Family Counselling Service	(201) 545 - 0215
Monmouth	Family & Childrens' Service	222 - 9100
All Other Counties	Migrant Health Program, State Department of Health, Trenton	(609) 292 - 4033

MIGRANT HEALTH EVENING CLINICS

To Be Held in Counties Listed - Watch For Announcement

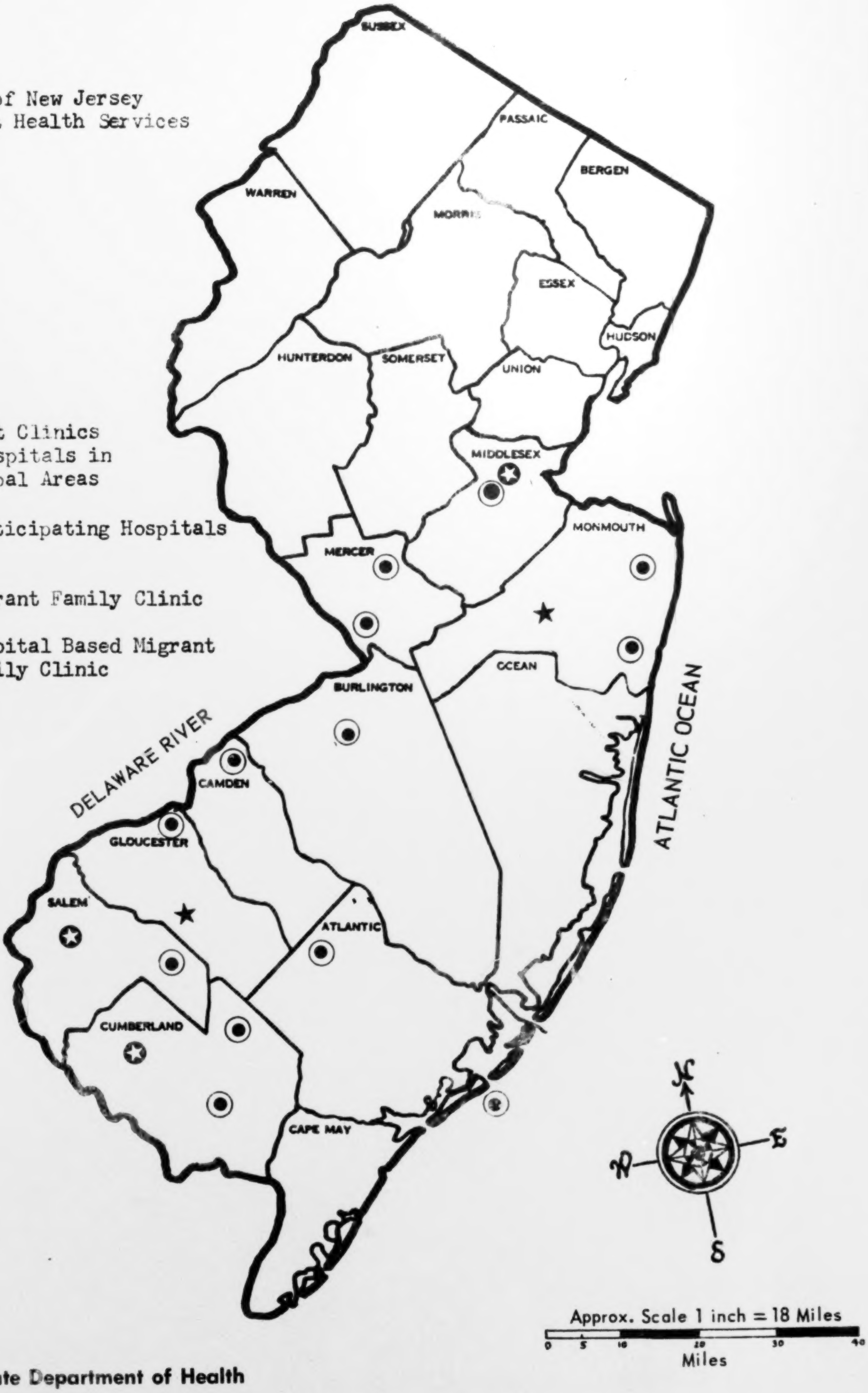
State of New Jersey
Migrant Health Services
1969

Migrant Clinics
and Hospitals in
Principal Areas

◉ Participating Hospitals

★ Migrant Family Clinic

✪ Hospital Based Migrant
Family Clinic


SUSSEX
PASSAIC
BERGEN
WARREN
MORRIS
ESSEX
HUDSON
HUNTERDON
SOMERSET
UNION
MIDDLESEX
MONMOUTH
MERCER
OCEAN
BURLINGTON
DELAWARE RIVER
ATLANTIC OCEAN
CAMDEN
GLOUCESTER
SALEM
ATLANTIC
CUMBERLAND
CAPE MAY
N
E
S
W
Approx. Scale 1 inch = 18 Miles
0 5 10 20 30 40
Miles

New Jersey State Department of Health

TABLE OF CONTENTS

Page

Evening Family Clinics 1969..............(Inside Front Cover)
Hospitals and Migrant Clinics (Map)

Migrant Health Services - New Jersey 1969........... 1 - 4

Public Health Nursing........................ 5
Health Education............................. 5 - 6
Physician Treatment Services................. 7 - 8
Family Health Clinics........................ 8
Emergency Hospital Services.................. 9
Dental Health Services....................... 10
Family Planning Services..................... 11 - 12
Maternal and Child Health Services........... 12
Eye Examination Project...................... 13 - 15
School Health Services....................... 15 - 16
Social Services.............................. 17
Home Economics Project....................... 18 - 20
Transportation Project....................... 21
Sanitation................................... 21 - 22

County Migrant Health Programs

Burlington................................... 23 - 24
Camden....................................... 25
Gloucester................................... 26 - 29
Middlesex - Mercer........................... 30 - 34
Monmouth..................................... 35 - 39
Atlantic..................................... 39

Tables of Health Services

Annual Progress Report - PHS 4202-7.......... 40 - 51
Services Visits.............................. 52 - 58
Referrals.................................... 59 - 60
Migrant Clinics.............................. 61
Social Services.............................. 62 - 68
Sanitation................................... 69
Migrant Schools.............................. 70

Migrant Camps (Map)..............................
Information Sheet 1969...................(Inside Back Cover)

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ADMINISTRATION AND STAFF

Roscoe P. Kandle, M.D., M.P.H., State Commissioner of Health

William J. Dougherty, M.D., M.P.H., Assistant Commissioner
For Local Health Services

Thomas B. Gilbert, B.S., M.P.H., Coordinator
Migrant Health Services

Participating Agencies:

Atlantic County Health Department
Max Gross, M.D., County Health Officer

Burlington County Health Department
Raphael Meadow, County Health Coordinator

Camden County Health Department
Harry Herman, County Health Coordinator

Community Health and Visiting Nurse Service of the Princeton Hospital
Eleanor G. Claus, Director

Cumberland County Health Department
William P. Doherty, V.M.D., County Health Coordinator

Family and Childrens Service of Monmouth County
James Long, Executive Director

Family Counseling Service in Middlesex County
Walter Sherman, Executive Director

Family Counseling Service of Camden County
Catherine Zimmerman, Executive Director

Family Service Agency of Princeton
Seymour Plawsky, Executive Director

Haddonfield Visiting Nurse Association
Margaret Colton, Executive Director

Monmouth County Board of Chosen Freeholders, Office of the County Adjuster
Robert Wells, Director of Welfare

Monmouth County Organization for Social Service
Winona E. Darrah, Director

Public Health Nursing Association for Burlington County
Doris Bracy, Director

Salem County Health Department
    Laurence P. Devlin, M.D., County Health Officer

Visiting Nurse Association in Middlesex County
    Julia Keyes, Director

Visiting Nurse Association of Gloucester County
    Claire M. Linka, Director

Other Cooperating Agencies:

Middlesex County Opportunities Corporation

Monmouth County Community Action Program (MCAP)

New Jersey Council of Churches, Department of Work with Migrants
    Rev. Reinhard VanDyke, Director

New Jersey Department of Education
    Westry Horne, Director, Migrant Educational Program
    Sarah E. Dougherty, Supervisor and Coordinator, School Health Program

New Jersey Department of Labor and Industry
    Charles G. Yersak, Chief, Bureau of Migrant Labor

New Jersey State Commission for the Blind
    Joseph Kohn, Executive Director

Southwest Citizens Organization for Poverty Elimination (SCOPE)

Dental Services:

William Z. Abrams, D.D.S, M.P.H., Program Coordinator
    Dental Health Program

Solomon Goldberg, D.D.S., M.P.H., Assistant Program Coordinator
    Dental Health Program

Michael C. Wolf, D.D.S., M.P.H., Assistant Program Coordinator
    Dental Health Program

Dentists (Seasonal Staff):

Allen C. Akins, D.D.S.
Clarence Edmondson, D.D.S.
E. Gewiss, D.M.D.
Richard Hafter, D.D.S.
Jeff Horowitz, D.D.S.
Leonard Levin, D.D.S.
Simon J. Michelson, D.D.S.
John Peipszak, D.D.S.
Richard Troll, D.D.S.
Joel Weiss, D.D.S.

Dental Assistants:

Carol Akerman
Carole Blizzard
Nancy Carliner
Joanne Horowitz
Lynda Jacobs
Delores Low
Edna Platanella
Bette Tindall

Dental Hygienists:

Christine Behen
Judith Epstein

Dental Students:

Fairleigh Dickinson University School of Dentistry	Sigmund Barow John E. Dodes David M. Dunne Jerrold Jacob Thomas Ponto
University of Pennsylvania	Joseph E. Gian-Grasso Howard Kessler Peter J. Repole
Temple University School of Dentistry	Edward Williams

Medical Student:

Ronald F. Asper - Salem County
(Temple University School of Medicine)

Home Economics Teacher:

Rita Travaglione, B.S.

MIGRANT HEALTH SERVICES
NEW JERSEY
1969

The period covered by this report is the calendar year 1969. Although the Project Year extends from July 1 to June 30, preparation for the crop season which runs from late April through early November, must be carried on in every month of the year. The State Project and the several counties of greatest migrant concentration, carry on a continuous program of services. Counties of lesser activity maintain "on-call" services.

The migrant labor population has continued to change in response to economic and agricultural trends noted during the past two or three years. The overall labor supply is smaller, particularly from the South and from Puerto Rico; reflecting the increased demand for workers and higher earnings in the home state areas. These factors, combined with more aggressive governmental control of the labor supply in Puerto Rico led to early seasonal shortages which caused the loss of 10 percent of the asparagus crop. Puerto Rican workers under contract to a farmers' cooperative, representing the largest source of true migrant labor, declined from 9000 in 1968 to 8000 this year. More than 1000 of these workers "broke" their contract and went elsewhere, many for other kinds of employment. Many farmers responded to this tight situation with dire predictions. Others imported Texas - Mexican workers, and some Filipinos were employed, the first of these groups seen in New Jersey. Day-haul residents of the Metropolitan Area made up a substantial labor force without which crops could not have been harvested.

Some farmers have increased mechanization in harvesting of asparagus, blueberries, tomatoes and beans. Of those farms nearest the urban growth a number turned over land for residential and industrial development. Many farmers closed camps having substandard sanitation and housing facilities, rather than invest funds to meet higher State requirements. The weather also placed pressure on growers and workers alike. Almost one inch of rainfall per day fell on Southern New Jersey during seven days the first part of August, reducing earnings and causing hardships on workers.

Nevertheless, the counties of greatest migrant concentration still had many "walk-in" workers, families and children - all in need of health services.

The following is a statement of Project Objectives:

To promote the establishment of comprehensive migrant health programs organized through county sponsorship.

To promote, extend and coordinate preventive health care programs that emphasize family health screening clinics and social services.

To promote programs of therapeutic medical care utilizing hospital out-patient services and local practitioners' offices.

To improve and extend the program of field nursing care and health education for the migrant worker and his family so as to raise the level of individual practice of health and hygiene.

To utilize existing community social services in order to improve the functioning of the migrant as an employee and as a parent.

To provide practical assistance and education in home management, food buying, food preparation to migrant women and teenage girls.

To obtain increased participation of volunteers and migrant aides who will receive orientation and training in the purpose and methods of rendering social and health services to migrant workers and their families.

To seek out the participation of existing community resources and the development of community awareness of the problems of the migrant family.

To encourage the provision of hospital out-patient, in-patient and laboratory services necessary to support the health objectives.

To stimulate the provision of health services to migrants through interdepartmental cooperation.

To coordinate migrant health services within the State with other states and with Puerto Rico.

In furthering the above objectives, the Migrant Health Program has continued to seek innovations, better methods of service and higher quality health care for migrant workers and their families.

With the assistance of the Migrant Health Program, a second county health department applied for and obtained approval for a direct Federal grant for migrant health services. An extended health program in Salem County in 1969 featured evening clinics which offered a pre-employment physical examination for workers, a family clinic and a dental clinic. More than 400 patients were served in Salem's three clinics. Cumberland County has been providing comprehensive health services for migrants under a direct Federal grant since 1966. Six other counties, under contract with the State Project, provided direct health services through voluntary or official agencies.

The 1969 Migrant Health Program demonstrated interdepartmental cooperation in an eye examination project developed and operated jointly by the State Commission for the Blind, the New Jersey Department of Education and the Department of Health. Sixteen Migrant Summer Schools, two county health departments and three nursing agencies coordinated efforts to bring 277 children and adults to a Mobile Eye Examination Unit for opthalmological evaluation. More than 140 patients required refractive correction and many received glasses or other treatment. At season's end more than 30 patients, mostly school children, were continuing to receive follow-up eye care.

For several years the Migrant Health Program has assumed an aggressive role in improving health standards of migrant camps. First, the inspection and sampling of wells by licensed sanitarians has assured safe water supplies for migrant workers in the 1560 migrant camps throughout the State. Second, the "Seasonal Farm Labor Rules and Regulations" effective January 1, 1970, states: "Toilet drainage shall be carried through a covered drain into a covered septic tank that conforms to standards established by the New Jersey State Department of Health ---". A planned program to achieve compliance of all camp operators with this provision, was carefully worked out in a coordinated effort with the New Jersey Department of Labor and Industry. A statewide program of educational and technical services was launched in county and local health departments through which camp operators were assisted in the installation of modern sanitary sewage disposal systems. These new facilities will benefit migrant workers and their families living in the migrant camps in 20 of the 21 counties of the State.

Some exceptional efforts were employed in attempting to advance the program and to extend coverage of health services to a larger percentage of the workers. In Mercer and Middlesex Counties no less than four transportation operations were employed to bring migrant patients to sources of medical care. These transportation services were obtained from one county hospital, a Migrant Ministry Project, a local health department as well as through a family counseling agency and community volunteers. In Camden County an intensive survey of migrant farms was employed to seek out migrants in need of health services. In Atlantic County, the County Health Department was stimulated to participate in providing nursing care in migrant camps. In Salem and Cumberland Counties, a home economics teacher worked on a pilot project which provided practical assistance in food preparation, food buying and home management for migrant women and teenage girls.

Evaluation

The program has placed steadily increasing emphasis on high quality health care since the first hospital-based Migrant Family Clinic replaced field clinics in 1965. From that year's six evening sessions, held at the Salem County Memorial Hospital, in 1969, 77 clinic sessions were provided in five counties, serving 1454 patients at hospitals and at health centers. A total of 4564 patients received medical services and nearly 13,000 visits were recorded. This was accomplished in spite of a reduction in the migrant labor force of 25 percent since 1965. Statistics based upon Social Security Number identification and tabulated by Data Processing, shows that medical services provided by the program reached 38 percent of all migrant workers in New Jersey at the peak of the 1969 season. Excluding male contract workers, covered by health insurance, the Migrant Health Program, concentrating on individual families and children, reached 72 percent of New Jersey's migrants who were most in need of health care.

Further extension of program services to reach a still larger percentage of the migrant population will require a two-pronged approach -- more field personnel in the outreach operation, more clinic facilities held at convenient places at convenient hours, and finally, more transportation to bring the patients to the necessary services. The experience of 1969 revealed some personnel shortages in nursing. It was also demonstrated that more patients received clinic services when organized transportation services were furnished for them.

Physician services and hospital services were readily available and were used by migrant patients. Costs are rising rapidly and additional funds will be needed in the near future to maintain the level of services. Dental services are becoming increasingly accepted by migrants and will require more dental personnel and increased funds for preventive and corrective care.

Tabulation of hospital in-patient services for 1969 revealed that after partial reimbursement of costs from all presently available sources, the hospitals of New Jersey were left with more than $50,000 in unpaid charges incurred by migrant workers. While other medically indigent persons may be provided with payment under Medicaid, migrants as a group are expected to be excluded. Such inequity further emphasizes the need for additional sources of funds.

Efforts have been consistently applied to the implementation of project-supported sanitation standards. The 1969 potable water program and the installation of water-borne sewage disposal system is evidence of positive results.

Community family counseling agencies have rendered increased assistance to migrant families and individuals, bringing them in contact with other social and health agencies for services. A number of migrant committees involving the participation of community residents are in operation and have operated action projects in transportation, clothing sales and recreation.

Joint programs and coordinated services between State Departments and other agencies indicate the extent of coordination developed within the State. New Jersey projects participate fully in the Health Services Index Referral System.

PUBLIC HEALTH NURSING

The public health nurse performs the most basic role in the Migrant Health Program. Her functions in different areas, vary from personal care in migrant camps to administration of county-wide services. Most important is the outreach function which is essential to a migrant health service program. The nursing services of two county health departments and six voluntary nursing associations organized programs specifically to serve migrant workers and their families in 1969. In each of those counties, pre-seasonal surveys of migrant farms were made, followed by scheduled camp visits to assess health needs, provide service and make referrals.

In the course of the year 8903 service visits were made by nurses, the majority, 4717, in migrant camps. Nursing visits in schools and day care centers totalled 2102, and in clinics 1347. Referrals for medical care totalled 3164, with 1597 referrals completed.

Health screening services included 1795 visits for general physical examination and 478 visits for eye screening and 558 visits for dental screening. Well Child Care totalled 582 visits while 2354 visits were recorded for administering Tuberculin Test or reading of reactions. The largest single category of service by nurses was General Health Counseling, 3784 visits. Prenatal and postpartum care accounted for 237 visits.

One of the important responsibilities of the migrant nurse is obtaining information from parents on the immunization status of children and the updating of necessary injections. Completed immunizations provided in 1969 totalled 1978, with 1213 boosters given. The figures indicated over four times as many immunizations were provided in 1969 as in 1968. This substantial increase may in part be accounted for by the introduction of new data collection forms and more accurate reporting.

A special survey was conducted by the nursing service in Camden County. In Atlantic County, with the assistance of the Consultant in Public Health Nursing of the Southern State Health District, a special orientation in the program was conducted for that county's nursing service.

Nurse directors, supervisors and field nurses worked cooperatively with social workers and others in the implementation of program objectives. Special transportation services were employed, an eye examination project was introduced, and a home economist furnished special services -- all with the participation and cooperation of nursing staff.

HEALTH EDUCATION

The project has met obstacles during the past several years in attempting to organize a structured health education program. Efforts made to recruit health educators were unsuccessful because of extreme shortages in that category. The regular Health Department Staff had vacancies in some key positions and these could not be filled because of high salary requirements of candidates. Health educators presently assigned to Departmental programs were already fully employed in other areas, and could spare only limited time for consultative work. As a result of these limitations the health education effort has been compelled to use a piecemeal approach to the problems.

Primarily, public health nurses have carried the burden of health education, as indicated in this year's total of 3784 visits where individual health counseling was provided. Dental students furnished 2250 individual sessions focused on dental health. A home economics teacher served migrant families with 77 visits in which education in healthful home living, nutrition and consumer education was the focus.

A Spanish-speaking health educator visited migrant clinics and pointed up deficiencies in communication that affect health understanding of Spanish-speaking patients. The training of aides was suggested.

In a cooperative effort involving the Department of Health and the Department of Agriculture, bilingual pamphlets on farm and camp safety directed toward migrant workers, was developed by the Accident Prevention and Poison Control Program. Funds for printing were furnished by the Migrant Health Program, while development of material was carried out by the Accident Prevention Coordinator. These pamphlets were widely used by field agencies.

In the field of sanitation, the camp inspection staff of the Bureau of Migrant Labor received group training in health and sanitation subjects from Health Department staff. In addition 1546 growers received advice and counsel from Health Department Sanitarians on construction and maintenance of water supplies and sewage disposal systems.

PHYSICIAN TREATMENT SERVICES

The method employed for provision of physician services in each county, varies according to the organization of the county migrant project and the needs of the patients. The following simplified chart indicates the pattern used in the principal migrant areas:

Physician Service Available

County	Migrant Family Clinic	Contract Private Office	Fee Basis Private Office	Funds Distributed By
Burlington			Yes	Co. Health Dept.
Cumberland	Yes		Yes	Co. Health Dept.
Gloucester	Yes	Yes	Yes	VNA
Mercer			Yes	State
Middlesex	Yes		Yes	VNA & State
Monmouth	Yes		Yes	VNA
Salem	Yes	Yes	Yes	Co. Health Dept.
All Other			Yes	State

In addition to the physician services above, hospital emergency rooms and clinics are available in all counties. Utilization of physician services in the various counties are shown in the table.

County	Total Visits	First Visits	Revisits
Total	2044	1436	608
Cumberland	1028	601	427
Gloucester	143	95	48
Mercer	17	17	
Middlesex	62	44	18
Monmouth	75	49	26
Salem	699	615	84

Treatment visits to physicians in clinics, out-patient departments and private offices, totalled 2044, for 1436 patients. The largest category was in diseases of the digestive system, accounted for largely by dental caries. The second most common condition was respiratory complaints. Skin diseases, injuries and ill-defined symptoms were frequently recorded. Diarrheal disease and parasites, on the other hand seemed much less common than in earlier years. Sixteen persons were recorded as having Tuberculosis. Only one case of syphilis was seen but twelve cases of gonorrhea.

FAMILY HEALTH CLINICS

The five principal migrant counties held evening family clinics in 1969. All sessions were conducted with physician supervision, and furnished adult general physical examinations and pediatric examinations. The long experience of most project staff in the operation of these clinics was reflected in the comprehensive range of services offered as well as an increase in number of sessions and patients served. Total sessions held were 77, with 1454 patients attending.

All counties offered social casework services, and nearly all had interpreters and dentists and dental students. Two counties also employed medical students.

Important in the increases coverage was organized transportation services using either a station wagon or bus, staffed by regular personnel in three counties.

HOSPITAL SERVICES

Continuing a policy of many years standing, New Jersey's hospitals continued to provide service for migrant workers needing care, even though unable to pay. By accepting reimbursement under the 50 percent Medicare Cost plus State Appropriations applied to the balance, New Jersey hospitals incurred a sizable deficit for in-patient care. The following chart provides a picture of the financial situation:

County	Customary Charges	Medicare Cost	Federal Payment	State Payment	Unpaid Charges
Cumberland	$ 30,882.98	$23,850.20	$11,925.10	Prorated	$18,957.88
Salem	$ 26,279.94	$25,306.20	$12,653.10	Prorated	$13,626.84
Rest of State	$ 51,464.08	$40,495.50	$20,247.75	Prorated	$31,216.33
Total	$108,627.00	$89,651.90	$44,825.95	10,000	$53,801.05

The above services represent the participation of 12 hospitals in 7 counties for the admission of 194 patients who received 1671 days of care. This aspect of in-patient service has also been supplemented by Maternal and Child Health and Crippled Childrens Programs, which pay for other hospital admissions.

Increasing costs of hospital care again raise a question of how long these institutions will continue to subsidize deficits incurred by migrants. Indications have been received from other State authorities that the Medicaid Program will not include migrant workers unless they are recipients of categorical aid programs.

Reports of out-patient hospital services have shown very marked increases in utilization and in costs of services in recent years. The year 1969 is reported as follows:

County	Patients Served	Visits	Charges
Cumberland	201	307	$ 4,490.60
Salem	203	216	$ 3,227.50
Rest of State	308	392	$ 5,064.25
Total	712	915	$12,782.35

Because of increasing prices, new billing procedures and clinic practices, the emergency room, clinic, laboratory and X-ray charges are expected to exceed the original budgeted figures by a considerable amount. Hospitals that formerly had token fees for clinic visits, are now using new cost bases. Procedures done at the time of admission and formerly included in the in-patient bill have now been accepted (in line with Blue Cross policy) as out-patient charges.

DENTAL HEALTH SERVICES

The program of dental health services for migrant children and adults was conducted under the direction of the Dental Health Program of the New Jersey State Department of Health. Dental health education and dental treatment services for children in the migrant schools were provided by professional personnel directly employed in the program. The major portion of funds for school dental services were provided by the State Department of Education. More than 1100 children in 13 schools, covering 8 counties, received dental services. Ten dentists were assisted by a staff of experienced dental assistants, two dental hygienists and nine dental students. Two of the dentists served patients in their own offices and two worked in clinic settings. The rest used equipment in the school premises or worked in trailers. Two Assistant Coordinators in the Dental Health Program provided supervision for the dental personnel and for the students.

The 1969 Migrant School Dental Health Program featured a number of innovations and improvements. For the first time, dental hygienists were employed, thus relieving dentists from the necessity of cleaning teeth and freeing them for more exacting work. A flexible program of assignments was instituted whereby personnel were able to serve in various areas as needed. For the first time, dental services for the school children were provided in dentist's private offices and in health department and hospital clinic settings. The advantages gained by this change included more modern, faster equipment and air conditioning. Services included 1153 examinations and 2128 visits as well as 1500 amalgam restorations and 960 fluoride prophylaxis treatments. In addition, education, examination and some treatment was provided for approximately 40 Pre-School children attending day care centers in two counties.

More than 250 adults received dental treatment in seven counties. Of these, 135 received services from fee-basis dentists in private offices while 115 were served in special evening clinics in two counties. The establishment of these clinics, staffed by a dentist on an hourly basis, was an innovation.

The dental students received summer traineeships arranged through the Division of Local Health Services and supported by the U. S. Public Health Service. Their orientation emphasized the educational and preventive aspects of care and included lectures and discussions on nutrition, pediatrics, and familiarization with Spanish phrases. In addition to their duties as health educators in the schools, the dental students provided screening services in evening clinics for adults under the supervision of one of the Assistant Coordinators.

Future programming includes the expansion of diagnosis and treatment services using hospital dental chairs, county mobile dental trailers and health department dental clinics. These facilities will provide modern high speed equipment, air conditioning and comfortable surroundings contributing to the patient's pleasant dental experience as well as to the efficiency of the service. The adult treatment program, traditionally an emergency extraction service, was broadened to allow more exercise of professional judgment. Within budget limitations alternatives to simple extractions are considered wherever possible. New sources of financing and new alternatives to fee-basis service are anticipated.

FAMILY PLANNING SERVICES

Although there has been relatively little change in some migrant areas in the availability of family planning services since the 1968 season, there is reason to believe that there will be an increase in services in the months to come. Family planning activity in New Jersey received stimulation by the Health Department's appointment of a full-time Nurse Consultant in Family Planning on April 1, 1969. Although this Consultant was the only one available for covering all Health Department Family Planning programs, she has visited Family Planning Clinics serving migrants in Monmouth, Salem, Middlesex and Cumberland Counties. With her assistance, increased attention was being given to program planning of these services in the county migrant programs.

The following chart indicates the status of Family Planning services in principal migrant areas:

County	Current Source of Funds	Clinic Services Available at Mig. Clinic	Information and Referral to Family Planning	Clinic Services in County Family Planning Clinic	Service Visits for Family Planning 1969
Cumberland	V	No	Yes	Yes	12
Gloucester	V	No	Yes	No	25
Mercer	V	No	Yes	Yes	3
Middlesex	V	Yes	Yes	No	13
Monmouth	V	Yes	Yes	Yes	12
Salem	HD	No	Yes	Yes	30

V = Voluntary   HD = Health Dept.

Where services were requested for patients referred by nurses or caseworkers, the Migrant Health Program has made available the funds for medical examinations and for prescriptions and laboratory fees. Services were provided through referral to Planned Parenthood clinics, or Planned Parenthood Clinics were set up in conjunction with the Migrant Family Clinics. Where facilities were located at a distance, the obstacle of transportation greatly reduced the opportunity for migrants to use these services. Two counties had no organization for family planning services within their borders. State funds or private funds have been used to establish community clinics in some counties. In 1969, 95 visits for Family Planning services were recorded.

The following chart shows the Number of Females receiving all health services from Migrant Health Program in the Age Group 15-44, for the year 1969:

Total	Burl.	Cumb.	Glouc.	Mercer	Midd.	Mon.	Salem
890	3	235	89	27	79	67	390

It is apparent that only a small percentage of these patients served by the Migrant Health Program have made use of Family Planning Services. Still others, not reached by any program services must be considered in potential need. Location, transportation and the time clinics are held, must be considered in setting-up program services that will reach those in need.

Based upon the above experience, the following conclusions are suggested:

The problem of inaccessibility must be solved by furnishing Transportation directly to clinic sites.

The conflict with working hours must be met with evening services.

Wherever feasible, Family Planning Services must be offered in combination with other Migrant Family Clinic services.

By the stimulation of local interest and with cooperative financing arrangements, more services can be developed and more of those potential patients served through the program.

MATERNAL AND CHILD HEALTH SERVICES

Prenatal care, delivery and post-partum services, provided for migrants in New Jersey hospitals, were continued for a seventh year under an arrangement with the Maternal and Child Health Program. Reimbursement was based upon per diem and per visit cost as determined under Blue Cross rates. Ten hospitals participated. Some other hospitals, not participating under that program, provided maternity services for which they were reimbursed under the Migrant Health Project.

For the year ended June 30, 1969, 48 patients were registered under the Maternity Program, and 32 patients were admitted for delivery with 122 days of in-patient care. Prematurity and other complications were covered, including one patient who remained 14 days All except one other remained about 3 days.

In-patient care for children under the age of 21, having eligible conditions, was provided through the Crippled Childrens Program without charge to the Migrant Health Project.

EYE EXAMINATION PROJECT

At an orientation conference on Eye Health Services, held at the State Commission for the Blind on October 21, 1968, the idea for this project was suggested. Based upon the findings of earlier studies with pre-school children, aged 3-6, by the National Society for the Prevention of Blindness, statistical evidence strongly supported the potential need of eye care for the children of migrant and seasonal farm workers.

During the winter months the three State agencies, the New Jersey Commission for the Blind, the New Jersey Department of Education and the New Jersey State Department of Health, made plans to commit the funds, equipment and personnel necessary to provide services during the summer school session beginning July 1, 1969. The resources of the three State Agencies were explored for the purpose of obtaining contributions of professional assistance from all available sources. Priorities for service were set, tentative locations and schedules suggested, and methods of orientation and operation were agreed upon. Nursing personnel who were to do the screening were from the migrant schools as well as from two county health departments and two visiting nurse associations. They participated in the final pre-operational orientation which was held on June 26, 1969. A presentation was made by an Ophthalmology Consultant, eye testing materials were discussed and the necessary forms and procedures were explained.

Priorities were set as follows:

1. Preschool and school age children attending Day Care, Kindergarten and Elementary Grades in schools for Migrant and Seasonal Workers.

2. Children and adults referred by field nurses and from Migrant Family Clinics.

It was understood that in order to make this project feasible, operations would have to be limited to a three-week period July 20 through August 8. Five locations in four counties were selected, utilizing four schools and two county health departments. The Mobile Examination Unit was a Dodge Mobilhome, air-conditioned and converted for clinical use with ophthalmological equipment. The unit was staffed by a trained technician who also drove the vehicle. Travel of the vehicle totalled 850 miles during the period. Six qualified ophthalmologists served on an hourly basis, commuting from both the Newark and Philadelphia Metropolitan Areas.

In all, 277 children and adults from eight different counties and ten schools were seen, of whom 229 were children. In order to make these referrals 1693 children were screened, mainly by use of the Snellen E Chart. The findings of eye pathology revealed by this project were most interesting. However, because of space limitations, only the highlights of the study will be reported here. The detailed study deals with the children since they were considered the high priority group. Some of these findings are:

Of the 1693 children screened, 13.5 percent were referred for eye examination.

Of the 229 children referred 71.3 percent were found to have some type of visual abnormality.

In the 163 children with abnormalities, 177 eye defects were found.

A refractive error was found in 79.7 percent of those examined, indicating need for correction.

Amblyopia was reported present in 7.9 percent of those examined and ocular muscular disorders in 12.8 percent.

External diseases of the eye were found in 5.5 percent.

It should be noted that children already wearing glasses and able to read the chart were not referred.

Of the 48 adults over the age of 20 who were referred, only 3 had normal vision; 28 needed glasses and no less than 10 different kinds of pathology were revealed.

Without detailed discussion here, it can be said that incidence of various kinds of pathology found among the children is in general greater than that found in similar age groups by reported studies. A more detailed report of follow-up and treatment of individual patients will be made. Follow-up was conducted by all three of the agencies who instituted this project and is still going on. Glasses were provided by the State Department of Education and the Migrant Health Project. Eye treatment, training and other aids were supplied by the State Commission for the Blind. A small sample of cases served is as follows:

18698

George G., age nine, was found to have nystagmus, probably congenital in origin. His visual acuity of 20/70, both eyes, could not be improved. This partially sighted youngster was brought to the attention of the Commission's Education Department. With the assistance of the Commission's Educational Counselor, he will have benefit of a wide array of a specialized services and material. George is to be re-examined periodically by an ophthalmologist.

18598

Dana A., a six year old boy, had residual esotropia, left eye. The Mobile Unit ophthalmologist felt additional eye muscle surgery might be indicated and recommended further studies and evaluation. Dana was then seen at Wills Eye Hospital, Philadelphia, where the need for surgery was confirmed. The Eye Health Service Division of the Commission arranged for the child's hospitalization and surgery at Wills Eye Hospital.

18986

Wilson S., a six year old boy with alternating extotropia was referred to

Atlantic City Hospital for orthoptic therapy and probable surgery. Unfortunately, the hospital's Orthoptic Clinic was reported closed as of November, 1969. Since the youngster is still living in New Jersey, the Eye Health Service Division's field nurse will plan present eye care with a local ophthalmologist.

All evidence points toward a great unmet need for eye care among the children and the adults served by this project. The findings will be further sifted and plans made for early implementation of recommendations. The urgency of further action to conserve sight and to prevent disability and blindness among these underprivileged individuals commands that action be taken to renew and extend these activities.

MIGRANT SCHOOL HEALTH SERVICES

For the past 22 years the State of New Jersey, in recognition of the educational deficit of migrant children, has been providing summer migrant schools. Originally conceived in a very limited way with State funds, the educational program has grown in size. It covered 16 schools in the current year with an enrollment of 2753 children of whom approximately one-third were out-of-state migrants. In addition to this number some 590 adult seasonal agricultural workers were also served in evening classes. The basic school program which encompasses pre-school, kindergarten and elementary grades, is available to children between the ages of 3 and 16.

The school health program includes physician examination, health screening, school nursing service and referral for diagnosis, treatment and follow-up. The role of the State Department of Health, through the Migrant Health Project, is to cooperate and support the school health program through coordinating agencies in the community who provide follow-up and special health services not directly available in the schools. The migrant health program assumes responsibility for special services to those school children who are defined under the migrant health program as eligible for service. Services provided in the schools for children defined as migrants under the Migrant Health Act are reported to the Migrant Health Project and are included in the statistical report.

The school term began during the first week of July and concluded approximately the end of the third week in August. Direction of the school nursing program was conducted by a nurse supervisor and coordinator with headquarters in Glassboro. During the summer season she was helped by an assistant supervisor and during the winter period she will continue to function full-time in follow-up, reporting, planning and coordination of the health program.

Wherever feasible, the school program included a day care activity serving children in the age group under four years in five such centers. In addition, eight Headstart centers served the children four and five years old. The adult education program functioned in three counties. The supervisory and teaching staff of all the seasonal schools received direct orientation in the availability of health services for migrant children and adults. The supervisors of local migrant nursing and social service agencies participated in these sessions.

For a program that operated for a period of less than eight weeks, the statistical tabulation of services rendered is impressive. The school population of 2753 included more than 300 children under the age of four years. Nearly 1600 children received physical examinations by a physician. In the dental program alone, 1268 examinations were performed and 2250 visits were recorded. Nearly 1,000 children had their teeth cleaned and more than 1500 fillings were provided. In the physical examination program, more than 500 treatable, physical defects were uncovered. Well over 200 children received a professional eye examination.

A notable example of interdepartmental cooperation and coordination during 1969 was the operation of an eye examination project staffed by the State Commission for the Blind. Planning for this service involved the coordinated efforts of staff from three separate agencies namely, the Department of Education, the Department of Health and the State Commission for the Blind. As a result of this program, 1535 school children received screening tests by school personnel, mainly the school nurses. Among the children who were referred, a large variety of eye defects were revealed, including more than 100 children in need of glasses.

In another area of service, the Dental Health Program of the State Department of Health also cooperated. Dental Health Education was provided primarily by 5 dental students under traineeships funded through a Grant from the U.S. Public Health Service obtained by the Health Department. Community dental practitioners provided prophylaxis and treatment services in schools, private offices, and clinics.

In spite of diligent work by many different professional health workers, there are a number of handicaps that continue to present problems in reaching the needs of all school children. Of these the most prominent is the shortage of physicians and dentists and other adjunct medical personnel. Another is the problem created by distance and the lack of necessary transportation. The school program has a necessarily limited period of time in which school facilities are available to present this special schooling. Together with the problem of migrancy, this emphasizes the need for follow-up, coordination and cooperation of other agencies who work with migrant children. The employment of a full-time, year-round nurse supervisor coordinator is a step forward in meeting this problem. With the availability of her services on this basis, additional planning, coordination and follow-up can be implemented through many other cooperating health programs.

SOCIAL SERVICES

The goals of this somewhat unique social service component in the Migrant Health Program generally included the following:

> Direct, professionally supervised casework assistance to migrant workers and their dependents;
>
> Development of community interest and support in meeting migrants' needs;
>
> Consultation and interpretation of migrant needs to other professional staff, to farmers and to other agencies in a position to assist migrants.

Casework staff usually consisted of an agency executive or supervisor on full time staff, a trained caseworker, seasonal casework assistants and casework aides. Personnel assigned to field casework activities in one agency included eight student assistants on a part-time basis.

The year 1969 brought a continued increase in the number of migrants benefitting from the Social Service Program. The total caseload was 665, up from 517 in 1968. Of the total caseload, 522 were new or reopened during the year compared with 418 the previous year. Interviews with migrant clients increased from 1468 to 2193 and total interviews from 2604 to 3782. Four family counseling agencies continued to participate as well as two county health departments; covering cases in seven counties.

The mission of the social casework program had to be flexible enough to render assistance in many different situations. However, several problems common to migrant life typified the needs. Medical services can serve no purpose unless the patient can get to the place where treatment is offered. All casework agencies assumed a large role in arranging or supplying transportation, which was a service in half of the cases. The hazards of migrant employment furnish frequent occasions where emergency financial aid is needed for the purchase of food and clothing. This was a major problem in 184 cases. The assistance rendered to families in applying for public welfare is also of major importance. Many families were aided in using the Food Stamp Program. Those migrants trying to "settle-out" of the stream needed and used the casework services in particular.

Directly related service projects organized by the social service agencies and utilizing community volunteers and leaders, constituted a special contribution to the program. They included a two-county transportation project and thrift-store clothing sales to migrant families at several locations. In one instance a two-county Migrant Committee, which includes both professional and lay members, organizes social, recreational and other service activities.

HOME ECONOMICS PROJECT

For a number of years professional health personnel have reported on the poor practices of migrant families in the purchasing, preparation, and storage of food. These practices, associated with inadequate cooking facilities and low income, have contributed to poor diets.

PURPOSE

The purpose of the home economics project was to provide practical assistance in food preparation, food buying and home management for migrant women and teenage girls. This was to be accomplished through: (1) a survey of food buying, storage practices, methods of food preparation and housekeeping practices; (2) assessing areas of interest of migrant women and teenage girls in relation to food and nutrition and housekeeping practices; (3) use of various educational methods such as home visits, field trips, group instruction, demonstrations, printed materials.

HOME ECONOMIST

The home economist employed for this pilot project began work on June 16 and continued until August 29, working under the direct supervision of the Coordinator of the Migrant Health Services. Consultation was furnished by the Nutrition Consultant in the Southern District of the New Jersey State Department of Health and by the County Home Economists. She worked cooperatively with the County Migrant Health Projects in Cumberland and Salem Counties.

ESTABLISHMENT OF RAPPORT WITH THE MIGRANT FAMILIES

Becoming acquainted with the migrants was begun during the initial two week period when the home economist visited migrants in their homes with the public health nurses. The home economist explained her services and the relationship of good health to food intake. Printed material in both English and Spanish provided information about services and on food buying, new recipes, food stamps, and cooking. She talked with families at the family clinics and on camp visitations with the nurses. Referrals were made to the Home Economist by the migrant health nurses, and by the social worker. A Spanish speaking teacher worked with her to inform the Puerto Rican women of this service.

ACTIVITIES OF THE HOME ECONOMIST

Since this was the Home Economist's first experience with migrants, she had to become familiar with the Southern Negro and Puerto Rican cultures. During the first two weeks, she visited supermarkets and grocery stores patronized by the migrants to become familiar with the typical foods offered as well as the prices and quality of the products. To help the migrant families meet their needs, the home economist made a list of discount stores in Salem and Cumberland Counties. The Home Economist worked in cooperation with personnel of the Food Stamp Programs in both counties. With the help of the migrant adult education teacher, a Homemakers' Club was started. This was held at the Woodstown High School in Salem County. Although only a few women attended, those who came appeared interested. The home economics department was used for food demonstrations and the family room for care of the children. Through arrangement with the County 4H Agent, girls from the Woodstown area volunteered to care for the children. The migrant adult education teacher arranged for an interpreter.

In Cumberland County, through the cooperation of the County Home Economist, Community Assistants came to the camp in Rosenhayn to put on a puppet show which had been produced for the County Fair. This program was both recreational and educational for entire migrant families. The enthusiasm grew through participation of the children, provision of refreshments and prizes. The Community Assistants initiated interest in food preparation by discussing new dishes.

HOME ECONOMICS SURVEY-QUESTIONNAIRE

Data was collected on food buying, kitchen facilities, meal planning patterns, and housekeeping practices by means of a survey-questionnaire form devised by the Home Economist. The findings represent a limited number of families contacted, due to difficulties in communication, lack of interest or insufficient time because of working in the fields.

Visits and Persons Visited

	Number of Persons Frequency of Visits							
Visits	1	2	3	4	5	6	10	Persons
Total 77	8	13	3	2	2	1	1	Total 30

Housing

Number of Rooms	1	2	3	4	5
Persons Responding	4	7	3	4	1

Size of Family

Number in Family	2	3	4	5	7	10
Number of Families	3	4	1	2	3	4

The Home Economist initiated Survey Questionnaires with 30 women who were carrying on household duties. Some were married and had children. Some cooked for individuals or groups. Persons receiving more than the initial visit totalled 22. The discussion topics most frequently introduced by the Home Economist were Food Preparation and the Homemakers Club, while the topics most frequently initiated by the migrants were Food Stamps and Food Preparation.

Four families had no running water or sink in their living unit, but nearly all had refrigerators. More did food buying at small stores than at supermarkets. One-half had meals in a family setting while 8 reported group feeding arrangements. By far the most usual method of cooking was frying. Where the Home Economist made evaluative comments on Housekeeping, 11 were characterized as "good" or "clean".

CASE HISTORIES

Mrs. B. While attending the Migrant Family Clinic at Salem County Hospital, Mrs. B. requested information about food stamps. Mrs. B. also said that she wanted to learn how to sew, but she did not have a sewing machine. After pricing second-hand machines, the Home Economist asked Mrs. B. if she would like to purchase a machine for $20.00. The Home Economist continued to visit Mrs. B. to teach her how to sew. Lessons were given weekly, increasing to twice a week as she was interested and quick to learn, encouraged by the desire to make clothing for her children for Sunday School. Mrs. B. asked the Home Economist for help with cooking and was shown ways to cook without using much grease. Due to her lack of cooking skills, she did not bother to stick with her own diet rules but seemed interested in the well-being of her five children.

Mrs. J., Mrs. B's neighbor, had a serious overweight problem and because of other complications, was unable to work in the fields. Although the Public Health Nurse had given her a diet to follow, Mrs. J. was unable to follow it. The Home Economist visited her to give her instructions in cooking. Mrs. J. had a beautiful kitchen in comparison to other migrant families. She had a full gas range with oven and broiler, all in working condition. The Home Economist demonstrated use of the broiler and oven, but had Mrs. J. actually do the cooking. Mrs. J's motivation was high because she wanted to lose weight.

Mrs. L. was a 23 year old woman who was home in the early part of the season due to illness. At that time the Home Economist visited her and demonstrated how to make new dishes for her family. The Home Economist took her to the supermarket. Mrs. L. was limited in her ability to read English and therefore, could not read the instructions on the packages. Although Mrs. L. spoke little English, communications were always made. She talked about what to buy, how to buy, and family needs because her husband said that she spent too much money on food, help was needed in budgeting. Mrs. L. learned to look at prices, brand names, and quality of products. She asked about making a shopping list. Although plans were made to continue the lessons in food buying, Mrs. L. started working in the fields again and in the middle of July, her family left the county because of lack of work.

EVALUATION AND SUGGESTIONS

The Home Economist felt there was a need and the women seemed to feel that her services were needed. Many migrant women were willing to learn to improve their cooking practices. They accepted the Home Economist as a friend and teacher. The most effective type of teaching was on a one-to-one basis. The apparent lack of great numbers of families reached is in fact good. For the small number worked with gained more because of the individual instruction for a personal need.

TRANSPORTATION PROJECT

Under the above heading there are events to be reported dealing with community participation and interagency coordination in helping migrant patients to source of medical care. A mini-bus with a salaried driver was furnished by the New Jersey Council of Churches Department of work among migrants. This project indicates the increasing awareness of migrant needs and the response of community leaders. Plans were made with the Director in the Winter and interagency planning meetings were held in the Spring. On July 7, 1969 a college graduate nurse commenced with her duties in the vehicle. Operation of the program required the cooperation of three visiting nurse associations and three family counseling agencies, with dispatching and appointments coordinated by one central transportation office.

Transportation to medical services was provided for migrant patients in the counties of Mercer, Middlesex and to a lesser extent, Monmouth. A total of 122 persons living in 15 different camps received transportation. The driver worked 33 days and traveled 3232 miles in the months of July and August. Upon her leaving, the Council left the bus in the care of the Family Service Agency of Princeton who employed another driver to continue the service for about a month longer. Cash expenditures of the Council in behalf of this work were more than $800, not counting depreciation of the vehicle.

A contribution of this project for which no monetary value can be estimated is the personal interest of the nurse, who, for a relatively nominal salary gave understanding and skilled help to those in need of care. Having a medically trained person as driver gave an added dimension to the service.

The experience of this project highlighted migrant transportation needs and further demonstrated the elements necessary for setting up such a service. Again it was emphasized that medical services are of little help to migrants without reliable transportation services.

SANITATION

The keynote of New Jersey's program to improve the quality of sanitation and housing in migrant camps in the year 1969 is best expressed by the term "interdepartmental cooperation". As in the past, statutory authority for the inspection and approval of migrant camps resides with the New Jersey Department of Labor, and is enforced by the Bureau of Migrant Labor under the Seasonal Farm Labor Act of 1967. The Migrant Health Project has provided stimulation and direction to sanitarians employed by county and municipal health departments in carrying out their key role in the technical evaluation of water supplies and sewage disposal facilities in more than 1500 migrant camps throughout the State. Aided by Central Office consultants and State District Health Office staff, evaluation of facilities and technical consultation has been provided to owners of camps and to the 26 Camp Inspectors of the Bureau of Migrant Labor.

Based upon the 1967 Act, major revisions and improvements have been made during 1969 in the rules and regulations governing sanitation, safety and comfort of the facilities in migrant camps in New Jersey. In the upgrading of codes, public hearings were held and Migrant Project personnel participated. As a result of Health Department-supported legislation, a vast transformation of toilet facilities is taking place. Under the law, privies will be replaced with water-borne sewerage systems in all migrant camps, effective January 1, 1970.

The past five years have witnessed a marked improvement in the supply of potable water under State Standards. In September 1968 at a joint conference of Labor officials and Health Department staff, policies were established for the sanitary inspection and sampling of migrant camp water supplies. A second planning conference with county, local and district personnel was held in February 1969. Procedures were established and forms devised for the field operation. These procedures assure the inspection and testing of wells in all migrant camps prior to occupancy. Sanitarians at all levels of Health Department structure participate in helping camp owners and in advising Labor Department inspectors in the correction of defects and the improvement of facilities. This effort involves the direct participation of sanitarians employed by no less than 100 local health departments. In addition, State-employed staff in the four health districts supplemented or supplanted these sanitarians in a few counties. By peak of the 1969 season 1458 camps had certified water supplies. As of November 14, a total of 1515 camps had been certified for potable water.

It was estimated in 1969 that nearly fifty percent of New Jersey's migrant camps will require conversion to water-borne sewerage systems. In order to achieve this objective and adhere to accepted health practice, it is necessary that farmers comply with Health Department standards under law. Agreement was reached between the Department of Health and the Department of Labor that farmers seeking approval for their migrant labor camps must provide a certificate of approval for their subterranean sewage disposal system. Farmers are required to submit technical data and plans prior to issuance of a permit for such installation. Farmers were supplied with names and addresses of health departments. Health officers and boards of health received information on requirements and procedures for inspection and certification of facilities.

Project efforts will be directed toward the following goals:

> Continued education of operators in the proper installation of water-borne sewage disposal systems.
>
> Increased participation of county and local health departments in the evaluation of sanitary facilities.

BURLINGTON COUNTY

Migrant health services in Burlington County in 1969 were provided under a contract between the State Department of Health and the Burlington County Board of Freeholders. The Burlington County Health Department accepted responsibility for direction of a program of health services which included hospital out-patient care, public health nursing and migrant camp sanitation. The camp sanitation program was coordinated with the camp inspection program of the New Jersey Department of Labor, Bureau of Migrant Labor. In-patient hospital services were provided through the State Migrant Health Program.

Planning

A Migrant Steering Committee was activated by the County Health Coordinator with the participation of the Nursing Association and the Environmental Health staff. Information relevant to services and programs was mailed by the County Health Department to over 1200 farmers situated in the County who might employ migratory laborers.

A telephone survey of 84 farmers conducted by the Visiting Nurse Association before the season began, revealed that 393 workers were expected. The farmers were advised of services available for the migrant worker. Due to severe hail storms which occurred prior to the picking season, many of the larger farms employed no workers. Therefore, the original survey was of no use during the actual season. The anticipated number of migrant laborers did not appear, and, the great majority were employees channeled through the Glassboro Association who had the health benefits of that agency. Other workers in the County were in the day haul or seasonal agricultural worker categories. The migrant school classes run by the State Department of Education, were largely made up of children from Burlington County with only three from other states.

The peak employment of migrant labor finally reached in the county was reported to be 663 of whom 360 were Male Puerto Rican contract workers. On the basis of these reports, a decision was made to provide for continuation of nursing services and medical and dental expenses, provided on fee basis or at hospital facilities.

Nursing and Clinical Services

The Visiting Nurse Association submitted reports of health services which listed 66 migrants receiving service. A total of 123 visits were made, 70 of these for tuberculosis screening in migrant camps. Seventy-four farm visits to thirty-seven patients were made to verify migrant status and to follow-up emergency hospital treatment. Farmers telephoned seeking guidance in obtaining medical care for their workers who were referred to the hospital emergency room or the farmer's family physician.

Two co-workers were diagnosed as having active tuberculosis. Nurses assisted with interpreting the disease, contacting families and making hospital arrangements. One patient was returned to Puerto Rico, the other admitted to the State Sanatorium. Forty-three migrant workers were tuberculin tested as contacts of these two men, with 14 positive reactions. Chest X-rays were negative.

As indicated by the survey, only six of the 66 migrants who received services were females, and only three children under 15 were listed.

A total of 99 visits were made to the out-patient departments of two hospitals by 69 migrant patients. Nine patients were seen by private physicians, five patients cared for by private dentists and 43 persons received prescriptions filled at private pharmacies. As an adjunct to screening, there were 15 blood counts, 12 VDRL's and 19 urinalyses completed.

Environmental Health

A total of 100 migrant camps were operated in the County this year, compared with 157 five years ago.

Under the direction of a Senior Sanitarian in the County Health Department, all water supplies were inspected and sampled. A total of 108 samples were collected. This includes resampling of 15 supplies which proved to be unsatisfactory at the time of the initial sampling. In all 15 cases, appropriate corrections were made to the water supply system and the systems eventually certified as satisfactory. Seven camps had municipal supplies.

In anticipation of the 1970 requirement for water borne sewage disposal facilities at migrant camps, a number of inspections were made in an effort to evaluate existing systems and give consultation and advice concerning required improvements.

CAMDEN COUNTY

In October 1968 a decision was made to survey the health needs of migrant workers in Camden County. No estimate of health needs had been made for a number of years. Based upon the latest figures available, 1968 population was thought to be 900 workers. Discussions were initiated in December 1968 with the Camden County Health Coordinator and the Director and Supervisor of the Haddonfield Visiting Nurse Association. With understandings reached at this meeting a plan of action was outlined in a letter to the County Health Department, which was approved by the Board of Freeholders who signed a contract.

With State funds a pre-season survey was begun May 2, 1969 and continued following approval of the Project July 1, 1969. Twenty-five farms were visited by the Public Health Nurses of Haddonfield Visiting Nurse Association. The owner, manager or farmer was contacted on each farm by the Public Health Nurse who explained the function of the agency, the purpose of the visit and the service offered. Farmers seemed appreciative of the offer of health service but little need was indicated. When medical needs arose the worker visited a family doctor or the Glassboro Camp Infirmary. The farms were in excellent condition; clean and orderly, with good housing for workers. Housing was cement block with good ventilation, clean floors and good light. No trash or garbage was seen on a single farm. Most of the housing was placed in close proximity to the owner's or manager's residence and often their water supply was from the well of the farmer.

The survey did show that without exception the migrant workers in Camden County are Puerto Rican workers. There were no families, women or children in any camp. Most farmers had four to six workers; thirteen at the peak of the season was the maximum number. Primarily, the farms were fruit farms, with little stoop labor needed.

During the course of the summer, not one of the Out-patient Departments of the five hospitals in this joint area reported migrant admissions. One verification was made for a migrant who visited a hospital in an adjoining county. Reports of Service Visits showed two migrants and nine service visits.

It is apparent from this survey that there are insufficient migrant workers of the category ordinarily needing community health service to warrant setting up a special program for their needs. This situation has probably developed as a result of growers turning to male contract workers or day-haul from the Metropolitan area. The contract workers have available services to meet nearly all their health needs. The minority of other workers with individual employment arrangements can be served by existing agencies at a cost so minor that it may be absorbed within regular community resources.

GLOUCESTER COUNTY

Gloucester County, a community of 329 square miles, is agricultural, industrial and residential. Farms, modern year round canneries, quick freezing establishments, and nearby markets all make Gloucester County one of the chief food producing sections of the State of New Jersey. Mechanical pickers and diggers are utilized by many of the farmers and many growers irrigate their crops throughout the season.

There are a total of 942 farms in Gloucester County and of these approximately 400 employ migrant agricultural workers. The farms are scattered throughout the entire county and many employ a small number of migrant agricultural workers (1 to 10). Therefore, the delivery of health services is more complex. Many farms depend on the Glassboro Field Service Asscoiation to provide them with migrant workers. Health Services for these workers is provided through the Association Insurance Plan, the cost of which is shared by employers and workers.

Leadership for the Migrant Health Program in Gloucester County was provided by two related agencies, the Gloucester County Health Department and the Gloucester County Visiting Nurse Association. Up to this time the primary role in this leadership has fallen to the Visiting Nurse Association, first because of their activity as a provider of direct service to migrants, and indirectly because the County Health Department has insufficient staff and resources to undertake direction of a county migrant program. However, these two agencies do cooperate, and the Visitng Nurse Association provides public health services for the County under contract. It is anticipated that they will be housed together in the Health Department's new building sometime in 1970. Efforts by the State Department of Health to persuade the County Freeholders to accept full responsibility for the Migrant Program will be continued.

The Visiting Nurse Association, in addition to providing nursing services in the field and in clinics, also makes arrangements for physician and dentist services under contract, obtains clinic space, and organizes the clinic services.

Because there is no community family casework agency in the county, medical social work services are provided through the Family Counseling Service of Camden County by the assignment of a field worker.

The County Health Department takes responsibility for environmental sanitation in relation to water supplies and sewage disposal in migrant camps, but must receive substantial assistance from the staff of the State Health Department's Southern District office.

Nursing

On May 19, 1969 a full time Public Health Nurse was employed for the program and on June 9, a full time clerk started work. Using last year's list as a guide, more than 350 phone calls were made to farms known to have workers previously. Because of the delayed arrival of workers from Puerto Rico, farmers often did not know from day to day how many workers they had, as the men moved from place to place. Since few of the farms hire more than ten to fifteen workers and one or two families, a great deal of traveling and phoning was needed to locate the workers spread out on small farms over the county. There was considerable change in the census of workers from asparagus season to tomato season. From this survey, 113 farms called had men from the Glassboro Association on contract. Other migrant workers were found on 116 farms, with migrant families on 35. A list of the migrant services and a schedule of family clinic dates was sent to each of the farmers who had workers. Many of the farmers knew of the service and there was little resistance to the nurse visiting the farm. Of 193 visits in the half year, 130 visits were made in May and June, mainly on the basis of survey findings, but also, in response to requests for service from farmers and others. As a result of these visits, referrals were made for various services.

In July, August and September the nurses served forty-seven (47) families including 39 Puerto Rican families, 2 Negro, and 6 Mexican-American families in New Jersey for the first time. A total of 40 families were "walk-ins". One family was in a southern crew and 6 families were in two Texas crews. Of these families, 37 spoke very little or no English. The families, who included 200 individuals, were scattered over 31 farms. Only six farms had more than one family.

Most of these "walk-in" families arrived in the county before June, staying through tomato season and in most cases the woman cooked for her own family as well as for a varying number of single workers. Twelve of these families were known to the agency prior to this year. Several families were encountered quite incidentally while the nurse went to visit farms to inquire about other workers. Working closely with the social worker added a number of farms to the survey list. Finding families unexpectedly meant that others were probably missed. These can be reached only be personal visits.

Most of the farm visiting was done by the full-time migrant health nurse, with staff nurses in the VNA assisting as necessary. The full-time migrant clerk was most valuable in handling the records, referrals, survey information. Two days before each clinic, the clerk accompanied the nurse on visits to each of the families scheduled to help in receiving them when they arrived at clinic. Where advisable, Tine testing was done on these preclinic visits. This seemed to be an added stimulus to keep the clinic appointment. Only one follow-up visit had to be made for this purpose.

Interviews on the farms were conducted, for the most part, using the nurse's "broken Spanish". It proved indispensable, but still inadequate for the depth of counseling needed. All instructions and information were printed in Spanish and English.

Peak population was reported as 2511 of whom 1200 were male contract workers. All told, 377 migrant adults and children received health services in the county. Of these, 146 were below the age of 15 and 82 were under the age of 5 years. Nearly one half of all service visits were for persons in the age groups under 15. In total referrals Gloucester County was exceeded by only two other counties.

Because efforts were concentrated on families with children, service to the single workers was mostly limited to care of the sick and injured. Although letters were sent to those farms known to have walk-ins, only those with a problem sought service. Twenty-three men were seen, all Puerto Ricans, with complaints similar to those found in the migrant work, namely, toothache, lacerations and fractures, respiratory and other infections.

A great deal of time was spent in locating workers and verifying migrant status, often long after service had been given by another agency. Since most of the facilities in the county are located near the north end, and most of the farms near the south end, some confusion was caused by workers using emergency facilities in the neighboring counties, which were closer.

Family Clinics

Attendance varied from twelve to forty, with a total of 151 patients seen during the eight weekly sessions. Twenty-four of the forty-seven families came to clinic at least once. The Thursday evening sessions were staffed by a Physician, a Pediatrician, three nurses, a social worker, clerk, and an interpreter part of the time. Although located in a busy farming area transportation was one of our biggest problems and some of the social worker's time was spent in transporting families to clinic.

In the families that were seen, the following conditions were found most frequently:

20 acute respiratory infections
13 dermatitis
9 dental caries
7 ear infections
7 lacerations, sprains
6 heart murmers
5 asthma, hay fever
5 pregnancy - all referred to obstetric clinic

When clinic was over in August, sixteen children were taken to the Child Health Conference in Swedesboro for further immunization. Thus a few received a completed series in the three months, and many others were brought up to date.

There is no Family Planning Agency in the county and patients needing service receive referrals and must travel to Camden, 25 miles away.

A contract physician also saw workers and families in his office when necessary, and emergency dental extractions were done by a contract dentist.

In order to contribute to the continuity of care for these families, attempts were made to obtain a definite forwarding address and referrals were sent to the appropriate Health Department. After Labor Day the clerk had to leave and the nurse was only available part time, which limited the time that could be spent on this. Although a number of workers sought work elsewhere or returned to Puerto Rico during the heavy rains in July, many families were still here through September.

Major Problems and Needs

Problems and needs include the following:

1. Language Barrier - a need for an interpreter and increased education for the migrant population and community.
2. Cultural Barrier - a need for increased community participation, education and social services.
3. Transportation - the need to make health services more accessible to the migrant workers by special transportation services.
4. The lack of local clinic facilities for evaluation and treatment particularly preventive and restorative dental service.

Environmental Sanitation

The Public Health Coordinator has actively participated in potable water surveys and in the upgrading of sewage disposal systems in migrant camps. He is professionally trained and experienced in this activity. Although he is moving toward the goal of a full-time, licensed sanitarian staff, it was not until the end of the 1969 season that licensed sanitary inspectors were on his staff.

In the potable water program, assistance in field surveys and water sampling was furnished by local sanitary inspectors in seven townships who serviced 94 locations or 25 percent. The Health Coordinator inspected 37 and the remainder, 257 or two-thirds of nearly 400 camps were inspected by staff of the Southern State Health District. This is a vast improvement over 1968, and it is expected that in 1970 the County participation will be further increased.

MIDDLESEX AND MERCER COUNTIES

The State Department of Health, with the cooperation of four voluntary community agencies and three general hospitals, has continued the efforts begun several years ago, to organize and coordinate migrant health services in this two-county area. In Middlesex County there are eight municipalities having 38 migrant camps, and in Mercer County four townships with 25 migrant camps. Some of these jurisdictions are contiguous from county to county and each has its own Board of Health, with no county-wide health service reaching any of the migrant townships. Although migrant population is decreasing there remain a substantial number of southern migrant crews, with 145 children treated in Middlesex County alone this year. To meet the need for transportation to hospital-based clinics, three separately supported but coordinated transportation projects were operated in 1969. Efforts were continued to centralize services and to coordinate efforts in these two counties. An Area Migrant Committee has been a force in leadership for the past several years. Many volunteers and lay community leaders are deeply interested in improvement of health services for both migrants and residents.

Nursing Services in Mercer County

The Department of Community Health and Visiting Nurse Service of the Princeton Hospital furnished public health nursing services as follows:

Case finding during camp visits

Referral to agency or appropriate professional for diagnosis and treatment

Arranging appointments

Securing transportation

Follow-up of referrals

General health supervision of antepartum, postpartum, infants and children

Nursing procedures as prescribed by the doctor, such as injections, dressing changes, etc.

Tine testing on the camps

One part-time public health nurse averaged eight hours weekly on the project, one public health nurse supervisor averaged two hours daily, mainly in making referrals and arranging clinic appointments and transportation. Other staff members were involved as needs dictated. The initial camp survey was done with two student social workers from the Hightstown office of Family Service and the agency worked closely with these workers and their supervisor throughout the season. A paid driver and a microbus was available for migrant transportation through the New Jersey Council of Churches. Joint camp visits were made with a Planned

Parenthood representative. Services were explained to the farmer, crew leader and workers. Tine test, dental and eye screening was provided for each worker. As there were only three to four families in the area this season, their needs were met through the Out-Patient Clinic of Princeton Hospital, the Cranbury Migrant School, and the Eye Clinic held by the State Commission for the Blind. The services of contract dentists were used. The Mercer County Chest Clinic provided x-rays and medication for our positive Tine and PPD patients.

Referrals made as of 10/1/69:

Dental	21	Orthopedic Clinic	2
Eye Clinic	16	Dermatology Clinic	1
Glasses obtained	12		
Prescriptions	3	Family Service	2
Medical Clinic	10	Mercer County Chest Clinic	3
		Positive Tines	11
Emergency Room	5	Positive PPD's	3
		Positive chest plates	0
Surgical Clinic	1	Patients placed on prophylactic INH	3
Ob. - Gyn. Clinic	2		
		Child Health Conference	4

During this period there were three hospital admissions (diagnosis: D.T.'s, cataract extraction and kidney malfunction). Found and treated was one active case of syphilis and one of gonorrhea. A very severe case of ringworm of the scalp, a patient with impacted colostomy for whom we obtained a Binkly irrigator and taught irrigations. Patients with sickle cell anemia and peptic ulcer were brought under treatments. A 26 year old patient with no prior treatment was found to be "industrially blind" at the Commission's Clinic in Cranbury and subsequently underwent cataract extraction and was fitted with glasses. Nursing care was given to a tracheotomy patient who had undergone radical neck surgery in Princeton Hospital in 1967.

There were unmet needs in other areas. There was no health education program as such. No prophylactic dental work was done because of the stipulations for treatment, i.e., pain, bleeding, infection or threat to life. A contract with a local general practitioner, with evening office hours, could provide symptomatic relief and for those patients needing more comprehensive studies Princeton Hospital would more nearly meet the patient's needs. The possibility of including prophylactic treatment under the dental program should be explored. The possibility of evening camp visits so as to interfere as little as possible with the work schedule and so as to reach as many patients as possible should be considered.

Although there is need for health education, because of limitations of time and staff this is primarily in the area of maternal and child health.

Nursing Service in Middlesex County

The Visiting Nurse Association in Middlesex County, under contract to the New Jersey State Department of Health, accepted responsibility for public health nursing services in the field and for the organization of Migrant Family Clinics. The field nursing program included pre-season visits to farmers to explain the services. After the workers arrived between July 15 and September 1, visits were made to determine health needs and to make referrals.

Eight Migrant Family Clinics were held and 148 persons attended. Transportation from the camps was supplied by a bus with a driver furnished by the County Hospital. Newly renovated and air-conditioned clinic facilities were obtained in the Out-Patient Department of the Middlesex General Hospital. Seven student nurses from St. Peter's Hospital volunteered to assist the Migrant Staff nurses in four sessions. A representative from Mercer County Family Planning was present and where requested, GYN examinations were performed by the Migrant Clinic physician. An additional feature of the Clinic was dental screening and treatment services utilizing a local practitioner as well as a dental intern and students.

Follow-up visits were made to camps and patients received referrals for needed clinic visits. Assistance with transportation was furnished by a bus and driver employed by the New Jersey Council of Churches.

Unfavorable weather led to the late arrival of workers. On account of this, the children missed the Day Care sessions, and were seen at Family Clinic for needed immunizations. With an extended season and the arrival of cold weather, school clothing was obtained at the Migrant Store at Cranbury. Follow-ups on medical treatment were carried on past November.

Casework Services in Middlesex and Mercer Counties

The Family Counseling Service in Middlesex County assumes the responsibility of directing a Migrant Health Program which provides professional social casework services, community involvement and liaison with the State Department of Health. The Family Service Agency of Princeton provides the supervision of social casework services, and is responsible for the services offered. The Project Supervisor spent the major portion of his time between July and September in supervision of ten caseworkers, two drivers and three secretaries, implementing the program design, coordinating existing program efforts with other agencies, as well as setting up new programs to meet existing needs. There were two project workers, a recent graduate of Rutgers, the State University, and a student at Oberlin College who was employed through the Interns in Community Services Program sponsored by the Department of Community Affairs who paid her salary. Starting in September, eight students from the Rutgers Graduate School of Social Work were in field placement on a one-day-a week basis.

A full-time Secretary-Transportation Coordinator who was employed in July continued on a part-time basis into late December coordinating the transportation services for migrants with Visiting Nurse Associations, hospitals, private doctors and social services. A staff driver was employed this year as a result of mounting concern expressed by volunteers who felt that they had proved the value of a transportation system. Through the New Jersey Council of Churches, Department of Work Among Migrants, a Dodge van was made available with all operating costs included from July 7 through September 30, as well as a driver from July 7 to August 22. Through efforts by the State Department of Health and the Family Service Agency of Princeton, the Princeton Borough and West Windsor Township Boards of Health approved funds to finance the cost of a station wagon and driver to provide transportation services related to serving health and welfare services for migrant farm workers and their families. These funds began to be used in September to rent a vehicle and hire a driver for the months of September through November.

The effective implementation of this program requires that staff members reach out to the farm community in order to understand the situation of the farmers and to gain acceptance onto the farms. When a migrant asks for assistance, it is the social worker's task to make an evaluation of the client's desires and needs, as well as his ability to work towards a solution of his problems. The caseworker takes into consideration the effects of the client's present environment and the supports and resources offered to him by family, co-workers, and the community. When indicated, referrals are made to other agencies. The social caseworker often acts as an advocate to the client.

There were three main areas of community participation within the program this year. First is a very active continuation of the Area Committee on Programs for Migrants and Seasonal Farm Workers which was set up in May, 1967, by both Family Service Agencies to advise and assist the agencies in the program. In addition to its advisory function, the committee's purpose included cooperation with community organizations, groups and individuals; reducing the isolation of migrants by bringing them more fully within the range of health, education, social and other services, while at the same time avoiding duplication of effort; enlightening the citizen interest and cooperation; recruiting and aiding volunteer workers, especially in making transportation to community services and resources available; and such other needed functions as may be agreed upon from time to time. There were more than 50 volunteers involved this summer, with a greater focus on transportation for social needs. Most of these volunteers had no direct connection with the advisory committee. The transportation pool made more than 55 trips between July 1 and September 30. This served the needs for over 100 migrants, carrying them over 5,500 miles and involved 300 hours of time. At 10 cents per mile and with a minimum wage of $2.00 per hour, the cost of this service to the program, if paid would have amounted to $1,150.

A local Cranbury resident, set up the Cranbury Bargain Basement Store in the former basement library room of the Cranbury Elementary School. The store is geared to the needs of the migrants and is run completely by volunteers. From contributors the store has provided new and nearly new toys, clothing, housewares, and even upon request, furniture.

A church involvement sub-committee involved itself with overall contact with the churches, and in raising money through the churches for partial cost of the transportation services to migrants. A camp activity committee decided to provide social activities and a handful of local citizens began making Saturday night trips out to the camp to provide a little food, show films and socialize.

A social legislation and code enforcement committee keeps abreast of the social legislation affecting migrants so that they can inform and involve those who wish to speak with the issues.

The second major area of citizen involvement centered around three Sunday socials, the first of which was held on August 17th when over 125 migrants attended. The next two socials were held on Sundays in the late afternoon and evening at the Princeton YMCA and YWCA on August 31st and September 14th.

A third major area was a social action group that organized itself and spoke out on migrant issues. These efforts had a significant affect in obtaining transportation through the New Jersey Council of Churches and two local Boards of Health, as well as in enlisting Roosevelt Hospital to provide a driver and bus on Monday nights for the Migrant Family Health Clinic.

Coordination With Other Programs

Closest coordination was continued with the Middlesex Visiting Nurse Association and the Princeton Hospital Department of Community Health and Visiting Nurse Services, involving pre-season planning and almost daily contact during the season on cases served and problems experienced. In some cases the nurse and social worker visited the camp together, thus providing a more comprehensive service and reducing the number of trips. This team approach achieved a clear recognition of the respective roles and responsibilities of each professional discipline and produced a better and smoother working relationship between staffs, community and client contacts.

Summary

This year the number of man hours spent on direct service to migrants increased by over 100 percent. The involvement of volunteers also increased, with the largest new number being involved in a clothing store for migrants. There remains, however, areas in need of further attention. Tremendous social pressures against change become evident when efforts are directed towards alleviating the causes of the problems, such as a acquiring adequate food, clothing, education, housing, employment, better wages, etc.

All too often the basic reality needs expressed by the migrants as well as efforts to meet these needs are met with resistance by community, farmers, crew leaders, and at times by the migrants themselves. Lack of understanding, apathy, prejudice, fear, economic concern, etc., are revealed. These are the feelings that must be overcome if change is to be brought about. This requires year-round efforts over a long period of time.

MONMOUTH COUNTY

Health services for migrant workers in Monmouth County are organized mainly in the Boro of Freehold, the county seat. The Freehold Health Center; operated by MCOSS Family Health and Nursing Service, houses the migrant clinics and nurses fan out across the county to serve migrants housed in 115 camps. In the absence of a county health department, this agency, in cooperation with the Family and Children's Service assumes leadership in the organization of the migrant health program. Peak migrant population in 1969 was 780 of whom more than one-half were male contract Puerto Rican workers. The two agencies reached nearly all the remaining migrant population. The number of children served (110) probably represents the entire group under the age of 15.

This year there was a further decrease in the number of Southern Negro migrants. The proportion of these workers in relation to day haul and contract Puerto Ricans has declined. The southern crews continue to be made up of family groups with children, single males and females. There were more children in the age group 0 - 14 this year than in 1968. Of the migrant workers coming from the South, the major portion come from a variety of southern states but join crews either in Florida or Eastern Shore Virginia before coming to New Jersey. From here some go to other areas in New Jersey or to New York or Pennsylvania before starting back to Florida.

The County experienced a poor crop season this year as a result of prolonged rainy weather in July. Some crops, tomatoes and potatoes, rotted in the fields. Some farmers chose to hold up harvesting due to economic variables of the market; other farmers put their land into "sod" which does not require large numbers of workers. All of the above have contributed to a poor season for the workers. Some farmers have gone out of business due to rapid development in housing and small industrial projects in Monmouth County and to increasing economic pressure on the small farm today. Some farmers who are remaining in business are increasingly turning to mechanization. It has also been noted that, in the orchards especially, residents are being employed on a year-round basis. Mechanization has lessened the need for increased numbers of workers at harvest time. The orchards appear to be providing a fairly stable employment situation.

Because of the foregoing, plus the use of Puerto Rican Labor, it is anticipated that there will be a continuing decline in the numbers of Southern crews entering Monmouth County. However, it is doubtful that there will be a corresponding increase in the contract Puerto Rican Worker. In the past two or three years, the Agency made known its willingness to serve the contract crews on an "on call" basis, but only one or two requests have been received to assist in emergency situations. The contract agency continues to conduct weekly clinics at their central camp for contract workers which has satisfactorily met their needs.

Nursing Service

It is difficult to separate nursing services from the total project, including clinics, as they are so interdependent upon one another. The nurses assigned to the project work in both field and clinic areas. This year, initially, there were assigned to the program three full-time nurses plus a part-time secretary. They were all paid workers. In August it was necessary to re-assign one nurse. The program continued adequately with the two. The nurses in the migrant program were all staff nurses of the MCOSS who expressed interest in working in the Migrant Program. Staff employed for the summer assisted in the usual MCOSS services. It was fortunate that one of the nurses who conducted the field services last year was able to take the assignment again. Because the nurses were all experienced public health nurses and because one had had previous experience in the migrant program, problems of orientation, etc. were minimized. Two meetings were held with the social worker at Jersey Shore Medical Center to plan for migrant care and work out routines.

An up-to-date listing of farms served, number of migrants expected, dates that they would be here and what sort of service was given the previous year was used to quickly scan all forms to check on plans for the current year. Initial visits were made to each farm to do tine screening, take as much history on each person as possible and detect problems needing immediate attention. From that time on, subsequent visits were made to follow-up referrals from Family Clinic or hospital out-patient clinics and for health supervision and guidance.

In addition to field visits, the nurses serve in the Family Clinics. They assist the physicians, give immunizations, interview and counsel the patients. It has been evident that the patients appreciated seeing familiar faces in the clinic. In all the nursing visits, whether in camps, field or clinics, health education has always been a significant part of the visits. It is believed that working with individuals and families is the most effective way for nurses to communicate. A great deal of visiting time is spent in health guidance and counseling.

Local referrals have been accomplished with ease by using the New Jersey State Department of Health Migrant Agricultural Workers referral form. Although this report refers to the summer months, the Agency conducts a year-round program as a public health nursing organization. Any migrants arriving before July or staying on in the fall are referred to the community nurses. The workers are eligible for any of the services offered on a year-round basis, including Well Child Conference, Prenatal and Chest Clinics, as well as other referrals indicated. This year fourteen patients will be transferred to the community nurses at the end of the season.

Migrant Family Clinic

The clinic is staffed by two physicians (one obstetrician and one pediatrician), four nurses, one secretary and two volunteers. In addition, the social worker from Family and Children's Service attends, as well as a worker from the Planned Parenthood Association of Monmouth County. Also available to the clinic from the New Jersey State Department of Health are two dental students and, when necessary, from the United States Public Health Service an investigator from the Venereal Disease Program.

Services offered in the clinic include screening for tuberculosis, chest X-rays, dental screening, immunizations for adults and children, treatment by the physician as indicated and referral when necessary. There is no sophisticated diagnostic testing equipment; the services of the laboratory at the local hospitals are available when needed. For lenghthy and complicated laboratory and X-ray work, patients are referred to the appropriate out-patient clinic. Prescription drugs have been obtained at two local drug stores.

Dental screening is provided within the clinic setting; arrangements have been made with a local dentist to provide service for those referred.

Long and diligent efforts over the years have been made to create an informal, friendly atmosphere in the clinic and to demonstrate to the workers that they are accepted as individuals of value and worth. It was gratifying to have an increased number of office visits made by the migrants through their own motivation. Patients who feel "well" according to their standard of "wellness" or "sickness" continue to be difficult to move to complete referrals. Although the mechanics of the referrals may be smooth, they do not necessarily establish successful referrals. Time spent in guidance and education makes the difference between success and failure.

Distribution of Referrals Made According to Service

Field & Clinic Referrals	Number Referred	Number Completed	Number Not Completed	Number to Whom Service is Still Given
Emergency Room	3	3	0	
Eye Clinic	7	2	3	2
E.N.T. Clinic	5	5	0	
Medical Clinic	3	3	0	
Surgical Clinic	8	6	2	
Dental Clinic (Biopsies)	2	2	0	
Gyn. Clinic	4	4	0	
Delivery Room	1	1	0	
Pediatric Clinic	3	2	0	1
Dental (Contract Dentist)	47	24	18 (1)	5
Allenwood	3	2	1 (2)	
X-rays	97	89	8 (3)	
Total	183	143	32	8

(1) 14 not completed due to lack of transportation.

(2) The patient (non-contract Puerto Rican worker) left for Puerto Rico prior to repeat X-ray to avoid having the recommended follow-up.

(3) Referred to home State.

Clinics are held Thursdays over an eight-week period running from mid-July to mid-September. The Family Health Clinic personnel provided screening, immunization, treatment where indicated and referral when necessary. Follow-up on all referrals was done by registered nurses assigned to the project. A specific manual for the migrant program contains the objectives, routines and forms that pertain to the program. The agency policies, i.e., medical relationships and standing orders are used for the migrant program. Any specific routines conducted in the Family Clinic are done with the approval of the physician in charge.

Medical and Dental Services

This Agency has assumed a major role in arranging for the provision of medical and dental care. There has been complete cooperation on the part of the local hospitals in providing out-patient, in-patient and laboratory services and constant communication between the Family and Children's Service and the MCOSS and the local hospitals. A local dentist, who has worked in the program for three years, continued to set aside time to treat patients referred from the Family Health Clinic.

Evaluation and Recommendations

It is in the area of providing medical and dental services that goals have been most nearly achieved. The strongest points are in the areas of coordination and cooperation within the clinic itself and between all the agencies involved in the provision of services.

More subjectively, it is believed that the degree of acceptance which the clinics received from the migrant workers is a measure of success.

The one persistent problem that continues to crop up each year is, of course, in the area of transportation. It is believed that it is the one thing that hampers patients and personnel in achieving an even more desirable report on follow-up services in the medical program. There has been assistance from the social worker from Family and Children's Service, the Health Bus from Freehold to local hospitals and volunteer drivers from an active church group.

It is hoped that transportation facilities may be developed better so that available clinic and private dental services could be more advantageously used. The possibility of renting a station wagon should be considered.

There has been an increased awareness on the migrants' part for the need for dental care as evidenced by their willingness to see the dentist and their requests for dental referrals. There may be a need for more than one local dentist or of the possibility of having treatment available at the Family Clinic. It is believed that there should be a broader base of conditions which may be treated in the program which would necessitate a larger grant.

Social Casework

The Family and Children's Service Inc. of Monmouth County, under contract to the New Jersey State Department of Health, assisted the migrant and his family to more adequately cope with the many social and health problems of his daily existence. Services consist of direct casework, and as a referring agency to another community service. The program staff consisted of the executive director of the agency, who functioned as chief administrator and supervisor, one caseworker as project coordinator, and one secretary. The Migrant Program was conducted out of its Freehold Office. Because of the heavy rains in July, many of the crews had a poor prospect of work and there were some instance of perilously low food supplies. Some food was obtained through the cooperation of local churches and Community Action Program.

The problem of lost casework hours spent transporting to and from a hospital was not as pressing a problem as it had been in prior years, due to the acquisition of a vehicle and driver by the Community Action Program. The problem still exists of getting the migrant from the farm to the point of departure.

The Community Action Program was not funded for day care this year and the local Head Start program could not handle the migrant influx. Arrangements were made to send the younger children to a nearby Head Start program out of the county and the older children were sent to a public recreational area part of which was supervised by the Community Action Program.

Time consumed in transporting last year has been used this year in more intensive casework services regarding education availability, job resources and housing. An illustration of the type of service offered is as follows:

> A community Action Program worker, called to say that food was in short supply at CB Migrant Camp because the crew had not been working because of heavy rains. Local Welfare assistance was not available since the migrants had not resided in this municipality for one year. Some food was obtained from a local clergyman. This situation illustrates the need for an emergency food assistance program.

ATLANTIC COUNTY

Atlantic County ranks high in many important crops and is first in the production of blueberries. It is that production that makes New Jersey second in the nation in its blueberry crop. However, about 70 percent of the labor supply required to pick Atlantic County's crops are day-haul and local commuters and one-half of the migrants are single male contract workers. A survey of health needs of migrant workers conducted in Atlantic County in 1964 revealed that there was an insufficient number of families to warrant setting up a separate migrant program.

At a meeting held in May 1969 with the County Health Coordinator, the Chief Sanitarian and the Director of Nursing of the Atlantic County Health Department, arrangements were made for "on call" nursing service and referral for migrant workers, and for continued implementation of the Potable Water and Sewage Disposal inspection programs.

Operating on an on-call basis, five migrant patients were served by the Nursing Service and six visits made to migrant camps. One referral was made and two patients received follow-up service on referrals from elsewhere. It is felt that the possible need for an outreach nursing program may still exist.

Sanitary inspection and sampling of water supplies was provided in the 173 migrant camps by the County Sanitation staff. Assistance has been rendered to camp operators in planning and inspection of sites for installation of sewage disposal systems.

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

ANNUAL PROGRESS REPORT - MIGRANT HEALTH PROJECT

DATE SUBMITTED: 2/1/70

PERIOD COVERED BY THIS REPORT

FROM	THROUGH
1/1/69	12/31/69

PART I - GENERAL PROJECT INFORMATION

1. PROJECT TITLE: HEALTH SERVICES FOR MIGRANT AGRICULTURAL WORKERS IN NEW JERSEY

2. GRANT NUMBER *(Use number shown on the last Grant Award Notice)*: MG-08G (70)

3. GRANTEE ORGANIZATION *(Name & address)*

NEW JERSEY STATE DEPARTMENT OF HEALTH
P. O. BOX 1540
TRENTON, NEW JERSEY 08625

4. PROJECT DIRECTOR

Thomas B. Gilbert, MPH
State Coordinator
Migrant Health Services

SUMMARY OF POPULATION AND HOUSING DATA FOR TOTAL PROJECT AREA

5. POPULATION DATA - MIGRANTS *(Workers and dependents)*

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.			
FEB.			
MAR.	1,080	1,080	None
APRIL	3,188	3,188	
MAY	6,394	6,394	
JUNE	8,554	8,554	
JULY	11,064	11,064	
AUG.	11,904	11,904	
SEPT.	6,972	6,972	
OCT.	4,183	4,183	
NOV.	1,112	1,112	
DEC.			
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH August

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS:			
TOTAL			
UNDER 1 YEAR	None		
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			
(2) IN-MIGRANTS:			
TOTAL	11,904	8,275	3,629
UNDER 1 YEAR			
1 - 4 YEARS	Not available		
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			

c. AVERAGE STAY OF MIGRANTS IN PROJECT AREA

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	None		
IN-MIGRANTS	14	May	September

d. (1) INDICATE SOURCES OF INFORMATION AND/OR BASIS OF ESTIMATES FOR 5a.

Estimates issued semi-monthly by the New Jersey State Employment Service, Division of Employment Security, Department of Labor and Industry, dependent females and children added.

(2) DESCRIBE BRIEFLY HOW PROPORTIONS FOR SEX AND AGE FOR 5b WERE DERIVED.

Contract workers from Puerto Rico (Male) 4,645; other migrants estimated to be 50 percent male (3,630); approximately 10 percent of totals are dependents.

6. HOUSING ACCOMMODATIONS

a. CAMPS *

MAXIMUM CAPACITY	NUMBER	OCCUPANCY (PEAK)
LESS THAN 10 PERSONS	Not available	
10 - 25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*	1,546	11,904

b. OTHER HOUSING ACCOMMODATIONS

LOCATION *(Specify)*:	NUMBER	OCCUPANCY (PEAK)
	None	
TOTAL*		

***NOTE:** *The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.*

* Source: Bureau of Migrant Labor, New Jersey Department of Labor and Industry.

7. MAP OF PROJECT AREA - Append map showing location of camps, roads, clinics, and other places important to project.

POPULATION AND HOUSING DATA FOR Burlington COUNTY.	GRANT NUMBER MG-08G (70)

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS *(Workers and dependents)* *

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.			None
FEB.			
MAR.	35	35	
APRIL	84	84	
MAY	203	203	
JUNE	446	446	
JULY	663	663	
AUG.	517	517	
SEPT.	339	339	
OCT.	207	207	
NOV.			
DEC.			
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH July

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS:	None		
TOTAL			
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			
(2) IN-MIGRANTS:			
TOTAL	663	505	158
UNDER 1 YEAR	Not Available		
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	None		
IN-MIGRANTS	15	Mar.	Oct.

6. HOUSING ACCOMMODATIONS

a. CAMPS **

MAXIMUM CAPACITY	NUMBER	OCCUPANCY *(Peak)*
LESS THAN 10 PERSONS	Not Available	
10 - 25 PERSONS		
26 - 50 PERSONS		
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*	98	663

b. OTHER HOUSING ACCOMMODATIONS

LOCATION *(Specify)*	NUMBER	OCCUPANCY *(Peak)*
	None	
TOTAL*		

*NOTE: *The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.*

REMARKS

** Source: Bureau of Migrant Labor, New Jersey Dept. of Labor and Industry.
* Source: Office of Manpower, Bureau of Employment Security.
Figures adjusted for dependents and children.

POPULATION AND HOUSING DATA

FOR Gloucester COUNTY.

GRANT NUMBER

MG-08G (70)

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS *(Workers and dependents)* *

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.			
FEB.			
MAR.	134	134	
APRIL	746	746	
MAY	1800	1800	None
JUNE	1284	1284	
JULY	1762	1762	
AUG.	2511	2511	
SEPT.	1024	1024	
OCT.	722	722	
NOV.			
DEC.			
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH August

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS:			
TOTAL			
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS	None		
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			
(2) IN-MIGRANTS:			
TOTAL	2511	1805	706
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS	Not	Available	
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	None		
IN-MIGRANTS	15	Mar.	Oct.

6. HOUSING ACCOMMODATIONS

a. CAMPS **

MAXIMUM CAPACITY	NUMBER	OCCUPANCY *(Peak)*
LESS THAN 10 PERSONS		
10 - 25 PERSONS		
26 - 50 PERSONS	Not	Available
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*	397	2511

b. OTHER HOUSING ACCOMMODATIONS

LOCATION *(Specify)*	NUMBER	OCCUPANCY *(Peak)*
	None	
TOTAL*		

**NOTE: The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.*

REMARKS ** Source: Bureau of Migrant Labor, New Jersey Dept. of Labor and Industry.
* Source: Office of Manpower, Division of Employment Security.
Figures adjusted for dependents and children.

POPULATION AND HOUSING DATA
FOR Mercer COUNTY.

GRANT NUMBER
MG-08G (70)

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS *(Workers and dependents)* *

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.			None
FEB.			
MAR.	40	40	
APRIL	73	73	
MAY	72	72	
JUNE	100	100	
JULY	110	110	
AUG.	200	200	
SEPT.	175	175	
OCT.	137	137	
NOV.			
DEC.			
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH August

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS:			
TOTAL	None		
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			
(2) IN-MIGRANTS:			
TOTAL	200	134	66
UNDER 1 YEAR	Not Available		
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	None		
IN-MIGRANTS	14	Mar.	Oct.

6. HOUSING ACCOMMODATIONS

a. CAMPS **

MAXIMUM CAPACITY	NUMBER	OCCUPANCY *(Peak)*
LESS THAN 10 PERSONS	Not Available	
10 - 25 PERSONS		
25 - 50 PERSONS		
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*	25	200

b. OTHER HOUSING ACCOMMODATIONS

LOCATION *(Specify)*	NUMBER	OCCUPANCY *(Peak)*
	None	
TOTAL*		

**NOTE: The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.*

REMARKS ** Source: Bureau of Migrant Labor, New Jersey Dept. of Labor and Industry.
* Source: Office of Manpower, Bureau of Employment Security.
Figures adjusted for dependents and children.

POPULATION AND HOUSING DATA FOR Middlesex COUNTY.	GRANT NUMBER MG-08G (70)

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS *(Workers and dependents)* *

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.			
FEB.			
MAR.	125	125	
APRIL	225	225	
MAY	217	217	
JUNE	307	307	None
JULY	340	340	
AUG.	599	599	
SEPT.	502	502	
OCT.	414	414	
NOV.			
DEC.			
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH August

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS:			
TOTAL			
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS	None		
45 - 64 YEARS			
65 AND OLDER			
(2) IN-MIGRANTS:			
TOTAL	599	401	198
UNDER 1 YEAR			
1 - 4 YEARS	Not Available		
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	None		
IN-MIGRANTS	14	Mar.	Oct.

6. HOUSING ACCOMMODATIONS

a. CAMPS **

MAXIMUM CAPACITY	NUMBER	OCCUPANCY *(Peak)*
LESS THAN 10 PERSONS		
10 - 25 PERSONS		
26 - 50 PERSONS	Not	Available
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*	38	599

b. OTHER HOUSING ACCOMMODATIONS

LOCATION *(Specify)*	NUMBER	OCCUPANCY *(Peak)*
	None	
TOTAL*		

**NOTE:* *The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.*

REMARKS ** Source: Bureau of Migrant Labor, New Jersey Dept. of Labor and Industry.
* Source: Office of Manpower, Division of Employment Security.
Figures adjusted for dependents and children.

POPULATION AND HOUSING DATA FOR Monmouth COUNTY.	GRANT NUMBER MG-08G (70)

INSTRUCTIONS: Projects involving more than one county will complete a continuation sheet (page 1 ___) for each county and summarize all the county data for total project area on page 1. Projects covering only one county will report population and housing on page 1.

5. POPULATION DATA - MIGRANTS *(Workers and dependents)* *

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.			
FEB.			
MAR.	85	85	
APRIL	236	236	
MAY	350	350	
JUNE	556	556	
JULY	613	613	
AUG.	760	760	
SEPT.	780	780	
OCT.	515	515	
NOV.			
DEC.			
TOTALS			

b. NUMBER OF MIGRANTS DURING PEAK MONTH September

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS:			
TOTAL			
UNDER 1 YEAR			
1 - 4 YEARS	None		
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			
(2) IN-MIGRANTS:			
TOTAL	760	565	195
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS	Not	Available	
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			

c. AVERAGE STAY OF MIGRANTS IN COUNTY

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	None		
IN-MIGRANTS	14	March	October

6. HOUSING ACCOMMODATIONS

a. CAMPS **

MAXIMUM CAPACITY	NUMBER	OCCUPANCY *(Peak)*
LESS THAN 10 PERSONS		
10 - 25 PERSONS		
26 - 50 PERSONS	Not	Available
51 - 100 PERSONS		
MORE THAN 100 PERSONS		
TOTAL*	115	760

b. OTHER HOUSING ACCOMMODATIONS

LOCATION *(Specify)*	NUMBER	OCCUPANCY *(Peak)*
	None	
TOTAL*		

***NOTE:** *The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.*

REMARKS
** Source: Bureau of Migrant Labor, New Jersey Dept. of Labor and Industry.
* Source: Office of Manpower, Division of Employment Security.
Figures adjusted for dependents and children.

GRANT NUMBER
MG-083 (70)

DATE SUBMITTED
2/1/70

PART II - MEDICAL, DENTAL, AND HOSPITAL SERVICES

1. MIGRANTS RECEIVING MEDICAL SERVICES

a. TOTAL MIGRANTS RECEIVING MEDICAL SERVICES AT FAMILY HEALTH CLINICS, PHYSICIANS OFFICES, HOSPITAL EMERGENCY ROOMS, ETC.

AGE	NUMBER OF PATIENTS			NUMBER OF VISITS
	TOTAL	MALE	FEMALE	
TOTAL	4564	2693	1871	12237
UNDER 1 YEAR	156	79	77	502
1 - 4 YEARS	500	232	268	1750
5 - 14 YEARS	961	491	470	2588
15 - 44 YEARS	2372	1481	891	5721
45 - 64 YEARS	531	374	157	1515
65 AND OLDER	44	36	8	161

b. OF TOTAL MIGRANTS RECEIVING MEDICAL SERVICES, HOW MANY WERE:

(1) SERVED IN FAMILY HEALTH SERVICE CLINIC? 2202

(2) SERVED IN PHYSICIANS' OFFICE, ON FEE-FOR-SERVICE ARRANGEMENT (INCLUDE REFERRALS) 482

2. MIGRANTS RECEIVING DENTAL SERVICES

ITEM	TOTAL	UNDER 15	15 AND OLDER
a. NO. MIGRANTS EXAMINED-TOTAL	1787	1153	670
(1) NO. DECAYED, MISSING, FILLED TEETH	Not recorded		
(2) AVERAGE DMF PER PERSON	Not recorded		
b. INDIVIDUALS REQUIRING SERVICES - TOTAL	1465	1153	312
(1) CASES COMPLETED	450	200	250
(2) CASES PARTIALLY COMPLETED	953	953	
(3) CASES NOT STARTED	62		62
c. SERVICES PROVIDED - TOTAL	5900	4826	1074
(1) PREVENTIVE	960	960	
(2) CORRECTIVE-TOTAL	2470	1933	537
(a) Extraction	783	433	350
(b) Other	1687	1500	187
d. PATIENT VISITS - TOTAL	3098	2128	670

3. MIGRANT PATIENTS HOSPITALIZED
(Regardless of arrangements for payment):

No. of Patients *(exclude newborn)* 174

No. of Hospital Days 1426

4. IMMUNIZATIONS PROVIDED

TYPE	COMPLETED IMMUNIZATIONS, BY AGE					INCOMPLETE SERIES	BOOSTERS, REVACCINATIONS
	TOTAL	UNDER 1 YEAR	1 - 4	5 - 14	15 AND OLDER		
TOTAL-- ALL TYPES	1978	263	719	699	297	765	1213
SMALLPOX	91	1	43	47	-	56	35
DIPHTHERIA	537	70	162	172	133	159	378
PERTUSSIS	309	68	164	72	5	150	159
TETANUS	555	70	162	175	148	164	391
POLIO	359	46	144	164	5	132	227
TYPHOID	-	-	-	-	-	-	-
MEASLES	113	3	39	69	2	97	16
OTHER *(Specify)*							
	14	5	5	-	4	7	7

REMARKS

STATE

PART II *(Continued)* - 5. MEDICAL CONDITIONS TREATED BY PHYSICIANS IN FAMILY CLINICS, HOSPITAL OUTPATIENT DEPARTMENTS, AND PHYSICIANS' OFFICES.

GRANT NUMBER
MG-08G (70)

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
I - XVII.		TOTAL ALL CONDITIONS	2,044	1,436	608
I.	01-	INFECTIVE AND PARASITIC DISEASES: TOTAL	114	81	33
	010	TUBERCULOSIS	18	16	2
	011	SYPHILIS	3	1	2
	012	GONORRHEA AND OTHER VENEREAL DISEASES	23	12	11
	013	INTESTINAL PARASITES	8	6	2
		DIARRHEAL DISEASE (infectious or unknown origins):			
	014	Children under 1 year of age	1	1	0
	015	All other	21	18	3
	016	"CHILDHOOD DISEASES" – mumps, measles, chickenpox	14	8	6
	017	FUNGUS INFECTIONS OF SKIN (Dermatophytoses)	19	14	5
	019	OTHER INFECTIVE DISEASES *(Give examples):*	7	5	2
II.	02-	NEOPLASMS: TOTAL	3	0	3
	020	MALIGNANT NEOPLASMS *(give examples):*	0	0	0
	025	BENIGN NEOPLASMS	2	0	2
	029	NEOPLASMS of uncertain nature	1	0	1
III.	03-	ENDOCRINE, NUTRITIONAL, AND METABOLIC DISEASES: TOTAL	51	22	29
	030	DISEASES OF THYROID GLAND	4	2	2
	031	DIABETES MELLITUS	33	9	24
	032	DISEASES of Other Endocrine Glands	1	1	0
	033	NUTRITIONAL DEFICIENCY	4	2	2
	034	OBESITY	5	5	0
	039	OTHER CONDITIONS	4	3	1
IV.	04-	DISEASES OF BLOOD AND BLOOD FORMING ORGANS: TOTAL	25	15	10
	040	IRON DEFICIENCY ANEMIA	15	7	8
	049	OTHER CONDITIONS	10	8	2
V.	05-	MENTAL DISORDERS: TOTAL	9	5	4
	050	PSYCHOSES	1	1	0
	051	NEUROSES and Personality Disorders	4	1	3
	052	ALCOHOLISM	2	1	1
	053	MENTAL RETARDATION	1	1	0
	059	OTHER CONDITIONS	1	1	0
VI.	06-	DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS: TOTAL	203	161	42
	060	PERIPHERAL NEURITIS	3	1	2
	061	EPILEPSY	4	3	1
	062	CONJUNCTIVITIS and other Eye Infections	19	15	4
	063	REFRACTIVE ERRORS of Vision	84	78	6
	064	OTITIS MEDIA	101	10	9
	069	OTHER CONDITIONS	74	54	20

PART II - 5. *(Continued)*

GRANT NUMBER

MG-08G (70)

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
VII.	07-	DISEASES OF THE CIRCULATORY SYSTEM: TOTAL	83	51	32
	070	RHEUMATIC FEVER	7	1	6
	071	ARTERIOSCLEROTIC and Degenerative Heart Disease	13	6	7
	072	CEREBROVASCULAR DISEASE (Stroke)	2	1	1
	073	OTHER DISEASES of the Heart	11	10	1
	074	HYPERTENSION	29	16	13
	075	VARICOSE VEINS	1	1	0
	079	OTHER CONDITIONS	20	16	4
VIII.	08-	DISEASES OF THE RESPIRATORY SYSTEM: TOTAL	302	202	100
	080	ACUTE NASOPHARYNGITIS (Common Cold)	118	78	40
	081	ACUTE PHARYNGITIS	4	4	0
	082	TONSILLITIS	41	30	11
	083	BRONCHITIS	38	20	18
	084	TRACHEITIS/LARYNGITIS	2	2	0
	085	INFLUENZA	2	1	1
	086	PNEUMONIA	20	13	7
	087	ASTHMA, HAY FEVER	28	15	13
	088	CHRONIC LUNG DISEASE (Emphysema)	4	4	0
	089	OTHER CONDITIONS	45	35	10
IX.	09-	DISEASES OF THE DIGESTIVE SYSTEM: TOTAL	443	356	87
	090	CARIES and Other Dental Problems	309	266	43
	091	PEPTIC ULCER	24	8	16
	092	APPENDICITIS	1	1	0
	093	HERNIA	16	14	2
	094	CHOLECYSTIC DISEASE	2	2	0
	099	OTHER CONDITIONS	91	65	26
X.	10-	DISEASES OF THE GENITOURINARY SYSTEM: TOTAL	147	81	66
	100	URINARY TRACT INFECTION (Pyelonephritis, Cystitis)	62	32	30
	101	DISEASES OF PROSTATE GLAND (excluding Carcinoma)	1	1	0
	102	OTHER DISEASES of Male Genital Organs	3	3	0
	103	DISORDERS of Menstruation	23	17	6
	104	MENOPAUSAL SYMPTOMS	40	16	24
	105	OTHER DISEASES of Female Genital Organs	0	0	0
	109	OTHER CONDITIONS	18	12	6
XI.	11-	COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM: TOTAL	60	36	24
	110	INFECTIONS of Genitourinary Tract during Pregnancy	1	1	0
	111	TOXEMIAS of Pregnancy	1	1	0
	112	SPONTANEOUS ABORTION	0	0	0
	113	REFERRED FOR DELIVERY	22	12	10
	114	COMPLICATIONS of the Puerperium	0	0	0
	119	OTHER CONDITIONS	36	22	14
XII.	12-	DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE: TOTAL	189	132	57
	120	SOFT TISSUE ABSCESS OR CELLULITIS	44	29	20
	121	IMPETIGO OR OTHER PYODERMA	42	29	13
	122	SEBORRHEIC DERMATITIS	7	6	1
	123	ECZEMA, CONTACT DERMATITIS, OR NEURODERMATITIS	46	37	9
	124	ACNE	2	2	0
	129	OTHER CONDITIONS	43	29	14

PART II - 5. *(Continued)*

GRANT NUMBER
MG-08G (70)

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
XIII.	13-	DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE: TOTAL	57	32	25
	130	RHEUMATOID ARTHRITIS	3	2	1
	131	OSTEOARTHRITIS	1	0	1
	132	ARTHRITIS, Unspecified	14	6	8
	139	OTHER CONDITIONS	39	24	15
XIV.	14-	CONGENITAL ANOMALIES: TOTAL	5	3	2
	140	CONGENITAL ANOMALIES of Circulatory System	4	2	2
	149	OTHER CONDITIONS	1	1	0
XV.	15-	CERTAIN CAUSES OF PERINATAL MORBIDITY AND MORTALITY: TOTAL	1	1	0
	150	BIRTH INJURY	1	1	0
	151	IMMATURITY	0	0	0
	159	OTHER CONDITIONS	0	0	0
XVI.	16-	SYMPTOMS AND ILL-DEFINED CONDITIONS: TOTAL	128	124	24
	160	SYMPTOMS OF SENILITY	0	0	0
	161	BACKACHE	14	10	4
	162	OTHER SYMPTOMS REFERRABLE TO LIMBS AND JOINTS	10	9	1
	163	HEADACHE	28	24	4
	169	OTHER CONDITIONS	76	61	15
XVII.	17-	ACCIDENTS, POISONINGS, AND VIOLENCE: TOTAL	224	154	70
	170	LACERATIONS, ABRASIONS, and Other Soft Tissue Injuries	121	78	43
	171	BURNS	5	3	2
	172	FRACTURES	37	27	10
	173	SPRAINS, STRAINS, DISLOCATIONS	25	17	8
	174	POISON INGESTION	1	1	0
	179	OTHER CONDITIONS due to Accidents, Poisoning, or Violence	35	28	7

			NUMBER OF INDIVIDUALS
6.	2--	SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS: TOTAL	
	200	FAMILY PLANNING SERVICES	95
	201	WELL CHILD CARE	582
	202	PRENATAL CARE	205
	203	POSTPARTUM CARE	32
	204	TUBERCULOSIS: Follow-up of inactive case	47
	205	MEDICAL AND SURGICAL AFTERCARE	192
	206	GENERAL PHYSICAL EXAMINATION	1795
	207	PAPANICOLAOU SMEARS	19
	208	TUBERCULIN TESTING	2354
	209	SEROLOGY SCREENING	94
	210	VISION SCREENING	478
	211	AUDITORY SCREENING	313
	212	SCREENING CHEST X-RAYS	146
	213	GENERAL HEALTH COUNSELLING	3784
	219	OTHER SERVICES: *(Specify)*	2336

PART III - NURSING SERVICE	GRANT NO. MG-08G (70)
TYPE OF SERVICE	**NUMBER**
1. NURSING CLINICS - This type of clinic not conducted	
a. NUMBER OF CLINICS	
b. NUMBER OF INDIVIDUALS SERVED - TOTAL	
2. FIELD NURSING:	
a. VISITS TO HOUSEHOLDS (Camps)	4717
b. TOTAL HOUSEHOLDS SERVED Not recorded	
c. TOTAL INDIVIDUALS SERVED IN HOUSEHOLDS (Camps)	2468
d. VISITS TO SCHOOLS, DAY CARE CENTERS	2102
e. TOTAL INDIVIDUALS SERVED IN SCHOOLS AND DAY CARE CENTERS	434
3. CONTINUITY OF CARE:	
a. REFERRALS MADE FOR MEDICAL CARE TOTAL	3164
(1) Within Area	2874
(Total Completed 1547)	
(2) Out of Area	290
(Total Completed 50)	
b. REFERRALS MADE FOR DENTAL CARE: TOTAL	312
(Total Completed 250)	
c. REFERRALS RECEIVED FOR MEDICAL OR DENTAL CARE FROM OUT OF AREA: TOTAL	28
(Total Completed 27)	
d. FOLLOW-UP SERVICES FOR MIGRANTS, not originally referred by project, WHO WERE TREATED IN PHYSICIANS' OFFICES (Fee-for-Service)	67
e. MIGRANTS PROVIDED PRE-DISCHARGE PLANNING AND POST-HOSPITAL SERVICES	12
f. MIGRANTS ASKED TO PRESENT HEALTH RECORD (Form PMS-3652 or Similar Form) IN FIELD OR CLINIC: TOTAL	2468
(1) Number presenting health record	1178
(2) Number given health record	991
4. OTHER ACTIVITIES (*Specify*):	

REMARKS

* PART IV - SANITATION SERVICES

GRANT NUMBER
MG-08G (70)

TABLE A. SURVEY OF HOUSING ACCOMMODATIONS

HOUSING ACCOMMODATIONS (1968 Figures)	TOTAL		COVERED BY PERMITS	
	NUMBER	MAXIMUM CAPACITY	NUMBER	MAXIMUM CAPACITY
CAMPS	1566	17,350	1523	16,867
OTHER LOCATIONS				
HOUSING UNITS - Family:				
IN CAMPS	494	6,097	451	5,614
IN OTHER LOCATIONS				
HOUSING UNITS - Single				
IN CAMPS	2302	11,253	2302	11,253
IN OTHER LOCATIONS				

TABLE B. INSPECTION OF LIVING AND WORKING ENVIRONMENT OF MIGRANTS

ITEM	NUMBER OF LOCATIONS INSPECTED*		TOTAL NUMBER OF INSPECTIONS		NUMBER OF DEFECTS POUND		NUMBER OF CORRECTIONS MADE	
	CAMPS	OTHER	CAMPS	OTHER	CAMPS	OTHER	CAMPS	OTHER
LIVING ENVIRONMENT:								
a. WATER	1566		15,629		1152		1036	
b. SEWAGE					448		403	
c. GARBAGE AND REFUSE					924		831	
d. HOUSING					9983		8984	
e. SAFETY					6251		5625	
f. FOOD HANDLING					1639		1475	
g. INSECTS AND RODENTS					578		575	
h. RECREATIONAL FACILITIES								
WORKING ENVIRONMENT: Not Covered by New Jersey Statute								
a. WATER	xxxx		xxxx		xxxx		xxxx	
b. TOILET FACILITIES	xxxx		xxxx		xxxx		xxxx	
c. OTHER	xxxx		xxxx		xxxx		xxxx	

** Locations — camps or other locations where migrants work or are housed.* * Source: N. J. Dept. of Labor

PART V – HEALTH EDUCATION SERVICES *(By type of service, personnel involved, and number of sessions.)*

TYPE OF HEALTH EDUCATION SERVICE	NUMBER OF SESSIONS					
	HEALTH EDUCATION STAFF	PHYSICIANS	NURSES	SANITARIANS	AIDES *(other than Health Ed.)*	OTHER *(Specify)*
A. SERVICES TO MIGRANTS						
(1) Individual counselling			3784			Home Economist - 77
(2) Group counselling					(1) Indiv.	Dental Stud. -2250
B. SERVICES TO OTHER PROJECT STAFF						
(1) Consultation						
(2) Direct services						
C. SERVICES TO GROWERS						
(1) Individual counselling				1546		
(2) Group counselling						
D. SERVICES TO OTHER AGENCIES OR ORGANIZATIONS:						
(1) Consultation with individuals				Bureau Mig. Labor 100		Accident Prevention Consultant 6
(2) Consultation with groups				3		6
(3) Direct services						
E. HEALTH EDUCATION MEETINGS						

NUMBER OF VISITS FOR EXAMINATION WITHOUT SICKNESS BY COUNTY MIGRANT HEALTH PROGRAM NEW JERSEY 1969

Examination Without Sickness	Visits Total	Percent of Total	Burlington	Camden	Cumberland	Gloucester	Mercer	Middlesex	Monmouth	Salem
Total	13030	100.0	115	7	3359	1619	600	1249	1499	4582
Family Planning	95	0.7			12	25	3	13	12	30
Well Child Care	582	4.5			48	183	7	25	86	233
Prenatal Care	205	1.6			20	34		10	16	125
Post Partum Care	32	0.2			15	10		1	1	5
T.B. Follow-up	47	0.4			34		1	3		9
Med. & Sur. Aftercare	192	1.5	5		58	69	44		6	10
Gen. Phys. Exam.	1795	13.8		2	922	204	6	155	78	428
T. B. Test	2354	18.0	70	1	394	107	134	90	390	1168
T. B. X-Ray	146	1.1			9		2	4	85	46
Pap Test	19	0.1				7		4	5	3
Eye Screening	478	3.7			121	10	75	56	3	213
Dental Screen.	558	4.3			124	23	64	69	71	207
Serology Test	94	0.7			8	5	1	15	2	63
Auditory Test	313	2.4			95	13	3	29	3	170
Gen. Health Counsel	3784	29.0	28	3	1063	446	80	359	687	1118
Other Services	2336	18.0	12	1	436	483	180	416	54	754

Service Visits

MIGRANTS RECEIVING SERVICE BY COUNTY, SEX & AGE
MIGRANT HEALTH PROGRAM
NEW JERSEY
1969

County	Male							Female							Total of Both
	Under 1 Yr.	1-4	5-14	15-44	45-64	65 & Over	Total	Under 1 Yr.	1-4	5-14	15-44	45-64	65 & Over	Total	
Percent	3.0	8.6	18.2	55.0	13.9	1.3	59.0	4.1	14.3	25.1	47.7	8.4	0.4	41.0	100.0
Total	79	232	491	1481	374	36	2693	77	268	470	891	157	8	1871	4564
Burlington	-	-	-	45	14	1	60	-	-	3	3	-	-	6	66
Camden	-	-	-	1	-	-	1	-	-	-	1	-	-	1	2
Cumberland	42	92	212	261	115	21	743	30	87	165	235	60	6	583	1326
Gloucester	7	33	31	110	12	1	194	14	28	33	89	13	-	177	371
Mercer	-	2	2	70	22	1	97	-	10	11	27	7	-	55	152
Middlesex	1	21	34	82	29	3	170	13	26	50	79	27	2	197	367
Monmouth	4	19	42	175	70	4	314	3	17	25	67	16	-	128	442
Salem	25	65	170	737	112	5	1114	17	100	183	390	34	-	724	1838

Service Visits

SERVICE VISITS RECEIVED BY COUNTY & AGE
MIGRANT HEALTH PROGRAM
NEW JERSEY
1969

County	Under 1	1-4	5-14	15-44	45-64	65 & Over	Unknown	Total
Total	502	1750	2588	5708	1515	161	156	12380
Burlington	-	-	4	83	29	6	1	123
Camden	-	-	-	5	-	-	4	9
Cumberland	208	527	869	1351	537	119	-	3611
Gloucester	112	289	221	659	78	1	49	1409
Mercer	-	31	26	272	120	6	19	474
Middlesex	29	90	227	378	160	16	-	900
Monmouth	18	85	130	488	164	7	65	957
Salem	135	728	1111	2472	427	6	18	4897

Service Visits

SERVICE VISITS BY PLACE OF VISIT
MIGRANT HEALTH PROGRAM
NEW JERSEY
1969

County	Camp	Clinic	School	Hospital	Physician Office	Dentist Office	Day Care Center	Other	Total
Percent	49.9	15.0	12.0	5.5	6.5	0.9	6.9	3.3	100.0
Total	6174	1862	1475	682	807	112	858	410	12,380
Burlington	100	5	-	13	-	-	-	5	123
Camden	4	1	-	4	-	-	-	-	9
Cumberland	1451	445	596	247	519	39	290	24	3611
Gloucester	966	230	82	40	59	18	-	14	1409
Mercer	426	23	5	11	-	-	-	9	474
Middlesex	528	160	175	16	-	-	-	21	900
Monmouth	653	261	9	23	-	1	-	10	957
Salem	2046	737	608	328	229	54	568	327	4897

Service Visits

SERVICE VISITS BY NURSES
MIGRANT HEALTH PROGRAM
NEW JERSEY
1969

County	Camp	Clinic	School	Hospital	Physician Office	Dentist Office	Day Care Center	Other	Total
Percent	53.0	15.1	14.0	1.7	4.2	0.2	9.6	2.2	100.0
Total	4717	1346	1244	152	373	21	858	192	8903
Burlington	100	-	-	6	-	-	-	2	108
Camden	1	-	-	-	-	-	-	-	1
Cumberland	1410	432	523	114	371	5	290	33	3178
Gloucester	566	181	11	2	1	-	-	5	766
Mercer	255	4	-	5	-	-	-	-	264
Middlesex	219	122	111	-	-	-	-	9	461
Monmouth	587	250	-	7	-	1	-	4	849
Salem	1579	357	599	18	1	15	568	139	3276

Service Visits

NUMBER OF SERVICE VISITS
IN CLINICS BY HEALTH PROFESSIONALS
MIGRANT HEALTH PROGRAM
NEW JERSEY
1969

County	Total Male & Female	Nurse		Soc. Work		Physician		Dentist		Medical Student		Dental Student		Other	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
Total	3790	727	620	95	122	618	583	152	166	115	23	181	135	188	65
Burlington	5	-	-	-	-	5	-	-	-	-	-	-	-	-	-
Cumberland	1047	247	184	50	44	220	176	8	2	23	23	24	11	17	18
Gloucester	431	87	94	31	40	74	97	-	-	-	-	5	3	-	-
Mercer	23	1	3	3	-	11	5	-	-	-	-	-	-	-	-
Middlesex	318	50	72	-	-	39	65	28	47	-	-	6	4	3	4
Monmouth	544	158	93	5	4	72	63	-	-	1	-	41	23	68	16
Salem	1422	184	174	6	34	197	177	116	117	91	-	105	94	100	27

DISTRIBUTION OF SERVICES AMONG MIGRANT AGRICULTURAL WORKERS BY FREQUENCY OF SERVICE AND BY COUNTY
MIGRANT HEALTH PROGRAM
NEW JERSEY
1969

DISTRIBUTION OF MIGRANT AGRICULTURE WORKERS BY FREQUENCY OF SERVICE

County	Number of Persons							Total Person Services	Percent of Persons Receiving 6 or More Services	Percent of Person Services Rendered to Persons Receiving 6 or More Services
	Total Number of Persons Served	Frequency of Person Services								
		1 Service	2 Services	3 Services	4 Services	5 Services	6 or More Services			
All	4,564	2,070	1,107	488	271	149	479	12,380	15.4	100.0
Burlington	66	23	33	9	-	-	1	123	54.5	1.0
Camden	2	-	-	1	-	-	1	9	50.0	1.0
Cumberland	1,326	632	248	124	93	65	164	3,611	12.2	29.0
Gloucester	371	125	97	44	17	14	74	1,409	19.9	11.2
Mercer	152	44	45	20	16	6	21	474	13.0	3.7
Middlesex	367	163	85	53	27	10	29	900	7.7	7.1
Monmouth	442	216	109	63	32	9	13	957	2.9	7.6
Salem	1,838	867	490	174	86	45	176	4,897	9.5	39.4

Referrals

NUMBER OF REFERRALS
GIVEN TO MIGRANT AGRICULTURAL WORKERS
BY PLACE TO WHICH REFERRED
AND BY COUNTY
MIGRANT HEALTH PROGRAM
NEW JERSEY
1969

County	Total	Hospital In-Patient	Hospital Out-Patient	Public Welfare	Social Service	Migrant Clinic	Physician's Office	Dentist's Office	Other
Percent	100.0	1.2	17.4	1.5	1.8	33.2	17.6	7.6	19.7
All	2913	36	506	44	52	968	511	222	574
Burlington	13	1	9				1		2
Camden	3					3			
Cumberland	815	20	101		32	295	219	60	88
Gloucester	746	8	79	18	8	278	72	24	259
Mercer	142	1	52	11	4	1	1	26	46
Middlesex	144	1	55	8		4		4	72
Monmouth	206		33	1	3	118		46	5
Salem	844	5	177	6	5	269	218	62	102

Referrals

NUMBER OF PERSONS
COMPLETING REFERRALS
AND
REFERRALS COMPLETED
BY COUNTY
MIGRANT HEALTH PROGRAM
NEW JERSEY
1969

County	Number Persons Referred	Number Completing	Per Cent	Number Referrals	Number Completed	Per Cent
Total	1744	1471	84.3	2874	1547	53.8
Cumberland	495	451	91.1	815	451	55.3
Gloucester	307	240	78.2	746	262	35.1
Mercer	84	47	56.0	142	56	39.4
Middlesex	104	38	36.5	144	43	30.0
Monmouth	166	150	90.4	183	143	78.1
Salem	588	545	92.7	844	592	70.1

Migrant Clinics

MIGRANT HEALTH CLINICS
SESSIONS HELD, PERSONS ATTENDING AND PERSONNEL SERVING BY COUNTY
MIGRANT HEALTH PROGRAM
NEW JERSEY
1969

County	Cumb.	Glouc.	Midd.	Mon.	Salem	Total
Sessions Held	28	8	8	8	25	77
Patients Attending	451	151	148	280	424	1454
Number of Sessions Covered by Personnel						
Gen. M.D.	28	8	8	8	14	66
Pediatrician	-	8	8	7	7	30
Other M.D.	-	-	-	-	-	-
Nurse Supr.	-	5	6	4	24	39
Nurse	57	22	32	32	20	163
Soc.Worker	12	8	1	8	3	32
Dentist	-	2	9	2	24	37
Dent. Stud.	-	2	6	18	30	56
Med. Stud.	8	-	-	-	8	16
Sec. Clerk	49	7	-	8	-	64
VDI	2	-	2	-	-	4
Volunteer	-	5	6	13	5	29
Interpreter	8	8	-	2	14	32
Other	-	10	34	8	22	74

INTAKE AND SOCIAL SERVICE CASES SERVED
BY MONTH AND BY COUNTY
MIGRANT HEALTH PROGRAM
NEW JERSEY
1969

Table I

County and Agency	Total Cases Served	Cases Carried From Sept.	Intake Total	Intake by Month (New or Reopened)											
				Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.
Total	665	143	522	16	14	10	3	4	1	9	18	82	128	143	94
Camden County FCS Inc. Atlantic Glou., Salem	153	11	142	1		1	1				8	41	11	53	26
Cumberland County Department of Health	144	5	139	2	3		1	3	1	6	8	27	51	28	9
Middlesex FCS Mercer, FSA Princeton	335	125	210	13	11	9	1	1		2	1	12	62	44	54
Monmouth County FCS	33	2	31							1	1	2	4	18	5

Social Services

DISTRIBUTION OF INTAKE
BY SOURCES OF REFERRAL
MIGRANT HEALTH PROGRAM
NEW JERSEY
1969

Table II

	Total Cases	Public Health & School Nurses	Clergy	Health Agencies Including Hospital	(Local) Social Agencies	Physicians	Farmers	Crew Leaders	Police	Self	Relative	Interested Persons	Commonwealth of Puerto Rico	San. of Migrant Labor Bureau	Schools (Migrant)	State Dept. of Health for Follow Up	Other:
Camden County FCS: Incl. Atlantic, Gloucester, Salem	142	55	8	9	8		4	2	1	45	1	2	4		1	1	1
Cumberland County Department of Health	139	63	4	26	10	5	6	1		8	2	1		3	8		2
Middlesex FCS Mercer, FSA Princeton	210	7	1	23	3		2	4		152	6	12					
Monmouth County FCS	31	15					2		2	5		5				2	
Grand Total	522	140	13	58	21	5	14	7	3	210	9	20	4	3	9	3	3

INTAKE OF SOCIAL SERVICE CASES
BY COUNTY
MIGRANT HEALTH PROGRAM
NEW JERSEY
1969

Table III

	Total	Atlantic	Camden	Cumberland	Gloucester	Mercer	Middlesex	Monmouth	Salem	Other
Camden County FCS: Incl. Atlantic, Gloucester, Salem	142		1		48				93	
Cumberland County Department of Health	139			139						
Middlesex FCS, Mercer FSA Princeton	210					89	117	4		
Monmouth County FCS	31							31		
Grand Total	522		1	139	48	89	117	35	93	

DISTRIBUTION OF INTAKE
BY ETHNIC ORIGIN
MIGRANT HEALTH PROGRAM
NEW JERSEY
1969

TABLE IV

	Camden FCS: Incl. Atlantic, Gloucester, Salem Counties	Cumberland County Department of Health	Middlesex Mercer, FSA Princeton	Monmouth County Family & Children's Service	Total
Total	142	139	210	31	522
White					
Negro	21	100	206	29	356
Puerto Rican	116	39	4	2	161
Mexican	5				5
Other:					

Social Services

DISPOSITION OF SOCIAL SERVICE CASES AT CLOSING
MIGRANT HEALTH PROGRAM
NEW JERSEY

1969

TABLE V

	Total Number of Different Cases Served	Total Closed	Services Completed	Made Own Plans	Referred Elsewhere	Undetermined	Active Cases Carried Over to October 1
Camden County FCS: Incl. Atlantic, Gloucester, Salem	153	119	48	27	32	12	34
Cumberland County Department of Health	144	141	100	4	31	6	3
Middlesex FCS Mercer, FSA Princeton	335	235	173	19	35	8	100
Monmouth County FCS	33	31	17	1	7	6	2
Grand Total	665	526	338	51	105	32	139

DISTRIBUTION OF SOCIAL SERVICE CASES BY MAJOR PROBLEMS
MIGRANT HEALTH PROGRAM
NEW JERSEY

1969

Table VI

	Total Problems	Death (Burial)	Financial: Food and Clothing	Child Neglect	Employment	Physical Health	Mental Health	Mental Retardation	Family Relations:- Marital & Parent-Child	Illegitimate Pregnancy	Personal Adjustment	Housing & Environmental Conditions	Transportation	Legal Aid	Substitute Care of Children	Social Security and Medicare	Education	Recreation	Problems on Aging	Inadequate Child Care	Dental Problems	Inquiry for Out-of-Town Agencies	Other:
Camden County FCS:Incl Atl., Glouc., Salem	314	1	63		16	55	5		2			12	60	18	6	12	24		2	6	2	1	
Cumb. Co. Dept. of Health	212	1	14		1	84	6	4	3		10		72	3	1	3			3		5	2	
Midd. FCS Mercer FSA Princeton	936	1	101		40	179	11	2	23	7	32	27	156	10	25	9	48	17	1	4	43	13	133
Monmouth County FCS	56		6	2	4	8						3	17	3	4	5						4	
Grand Total	1518	3	184	2	61	326	22	6	28	7	42	42	305	34	36	29	72	17	6	10	50	20	133

PLEASE NOTE: The total number of problems will not equal total number of cases served as some families or individuals have more than one problem.

NUMBER OF SOCIAL SERVICE CASE WORK INTERVIEWS
MIGRANT HEALTH PROGRAM
NEW JERSEY
1969

Table VII

		Client			Collateral		
	Total	In Person	Telephone	Total	In Person	Telephone	Total
Camden County FCS: Incl. Atlantic, Gloucester, Salem	709	705	4	942	566	376	1651
Cumberland County Dept. of Health	184	178	6	293	88	205	477
Middlesex FCS Mercer, FSA Princeton	624	577	47	787	248	539	1411
Monmouth County FCS	72	70	2	171	48	123	243
Grand Total	1589	1530	59	2193	950	1243	3782

Sanitation

RESULTS OF SANITARY SURVEYS MADE BY HEALTH DEPARTMENT SANITARIANS OF WATER SUPPLIES IN 1560 MIGRANT CAMPS
MIGRANT HEALTH PROGRAM
NEW JERSEY
1969

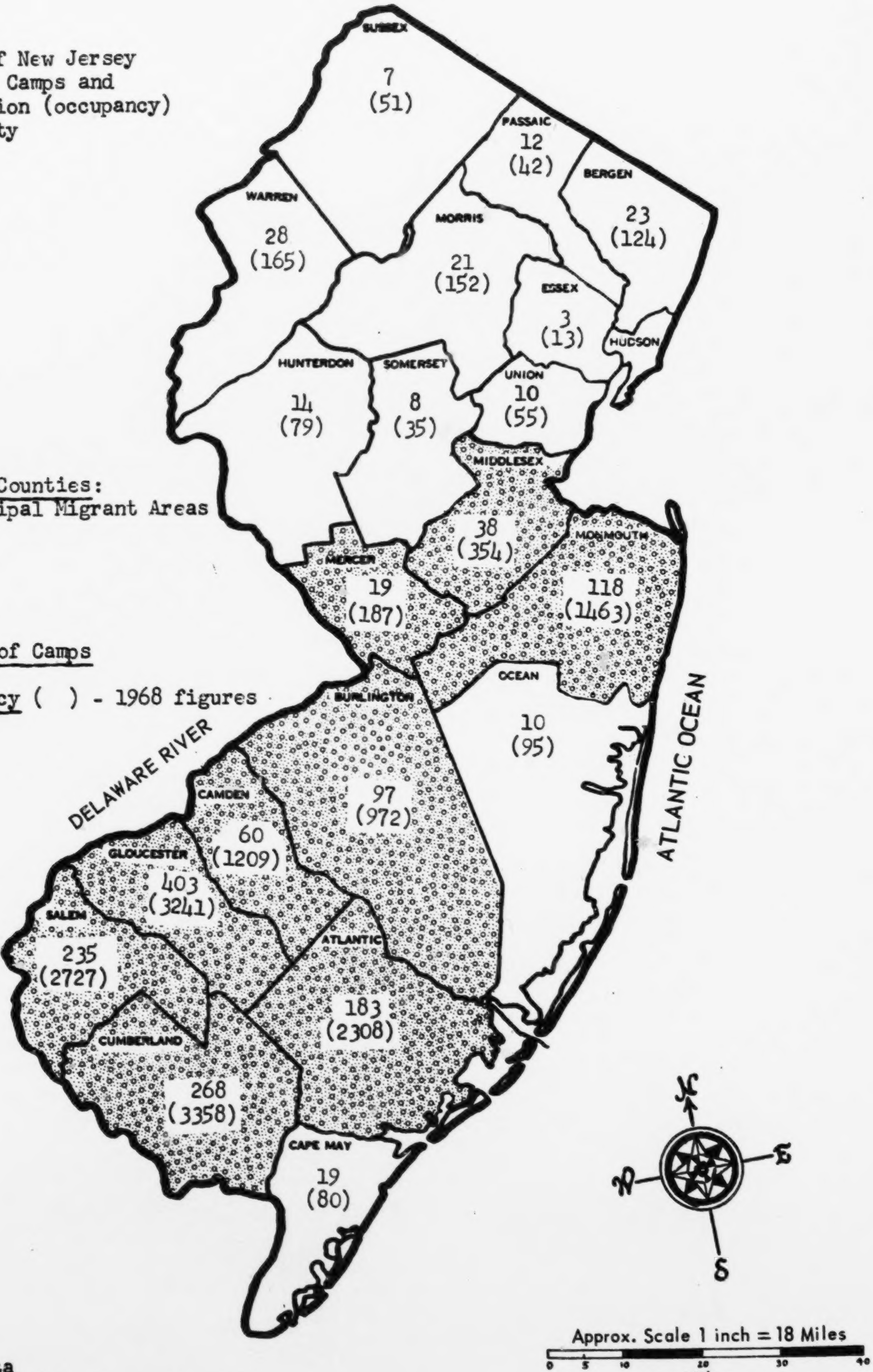
COUNTY	Total Applications Received	Health Department Satisfactory Tests	Unsatis-factory Tests Pending	Tested Results Pending	Municipal Water Supply
ATLANTIC	173	166		1	6
BERGEN	22	12			10
BURLINGTON	100	93			7
CAMDEN	60	56			4
CAPE MAY	20	19			1
CUMBERLAND	267	264			3
ESSEX	3	3			
GLOUCESTER	400	371			29
HUNTERDON	14	13		1	
MERCER	25	25			
MIDDLESEX	39	32			7
MONMOUTH	116	96	4	2	20
MORRIS	22	15			7
OCEAN	9	9			
PASSAIC	12	3			9
SALEM	226	212			14
SOMERSET	7	7			
SUSSEX	7	5	1	1	
UNION	10	7			3
WARREN	28	25	2	1	
TOTAL	1560	1427	7	6	120

Migrant Schools

NEW JERSEY DEPARTMENT OF EDUCATION
HEALTH SCREENING
IN MIGRANT SCHOOLS
SCHOOL HEALTH PROGRAM
1969

Examination or Test	Number Tests Given	Number Referred for Further Test	Number with Positive Findings	Number Referred for Treatment	Number Receiving Treatment
Eye Screening	1535	222	184	151	151
Auditory Screening	1296	60	87	27	17
T. B. Test	1586	12	1	12	11
Ear and Nose			78	9	8
Heart			77	17	10
Throat			134	18	5
Hernia			44	21	8
Ringworm	983		6		6
Other			56	14	8
Total	5400	294	607	269	224

State of New Jersey
Migrant Camps and
Population (occupancy)
By County


SUSSEX
7
(51)
PASSAIC
12
(42)
BERGEN
23
(124)
WARREN
28
(165)
MORRIS
21
(152)
ESSEX
3
(13)
HUDSON
HUNTERDON
14
(79)
SOMERSET
8
(35)
UNION
10
(55)
MIDDLESEX
38
(354)
MONMOUTH
118
(1463)
MERCER
19
(187)
OCEAN
10
(95)
BURLINGTON
97
(972)
CAMDEN
60
(1209)
GLOUCESTER
403
(3241)
SALEM
235
(2727)
ATLANTIC
183
(2308)
CUMBERLAND
268
(3358)
CAPE MAY
19
(80)
DELAWARE RIVER
ATLANTIC OCEAN
N
E
S
W
Approx. Scale 1 inch = 18 Miles
0
5
10
20
30
40
Miles

Shaded Counties:
Principal Migrant Areas

Number of Camps

Occupancy ( ) - 1968 figures

Source of Data
New Jersey State Department of Health
and New Jersey Department of Labor